

The 2006 Resource Parent Handbook



"The bond that links your true family is not
one of blood, but of respect and joy in each
other's life. Rarely do members of one family
grow up under the same roof".

Richard Bach, Illusions 1977

mikola

Table of Contents

Acknowledgements.....	4
Chapter 1	5
Team Members	9
Child.....	9
Biological Parents	9
Resource Parents.....	9
DCS Staff.....	9
Access to Information	12
Chapter Two.....	15
Visitation.....	19
Child in Counseling	19
Treatment Plan health team.	19
Support in a Crisis.....	19
Resource Parents and the School System	20
Foster Parents: Healthcare Resource	20
Important Information To Resource Parents On Hiv Testing For Children	26
Other risk factors for HIV in children:	27
Informed Consent and HIV Testing.....	27
Chapter Three	29
Access to Information about the Child	31
Access to Information about the Child	33
Multi-Ethnic Placement Act and Policy 16.2	33
Preference to Adopt	34
Surviving Allegations of Abuse or Neglect Charges.....	34
Foster Parents' Bill Of Rights.....	34
Chapter Four	41
Travel Reimbursement.....	45
Out of State Travel & Outings and Overnight Stays	45
Discipline	46
Life Story Books.....	47
Removal of a Child from a Resource Home.....	47
The Appeal Process/Child being removed from Resource Home	47
Chapter Five	49
How Decisions Are Made.....	53
Adoption and Safe Families Act	54
The Child and Family Team Meeting Process.....	54
Chapter Six	55
Board Rates and Clothing Allowances	59
"Extra" Expenses	59
Medical Expenses	60
"Special" Clothing Purchases	60
Allowance for the Child.....	60
Reimbursement for Damages.....	61
Appealing Financial Decisions	61
Liability Insurance and Lawsuits	61

Chapter 7	63
Allegations Of Abuse.....	67
Resource Parent Guide For Understanding The Investigave Process.....	67
Overview.....	67
Special Investigations Unit Mission Statement	67
Definition	67
Assessing Risk	68
Interview and Classification	69
SIU Level I Due Process.....	69
SIU Level II Due Process	69
Frequent Questions Asked By Resource Parents during an Investigation:.....	70
Accusations Of Abuse: Defensive Training	71
Lawsuits Brought Against Resource Parents.....	71
Guardian Ad Litem	71
Tennessee Supreme Court Rule 40: Guidelines For Guardians Ad Litem For Children In Juvenile Court Neglect, Abuse And Dependency Proceedings.....	72
Education Issues.....	77
Confidentiality Guidelines.....	77
Chapter 8	79
Special Needs Homes	83
Kinship Homes.....	83
Group Homes	83
Expedited Homes	83
Shared Homes	83
Chapter 9	85
Number of Children per Resource Home	89
Resource Parents Working Outside the Home.....	89
Caring for others in the Resource Home.....	90
Planning Social & Religious Activities for the Foster Child.....	90
Tennessee Child Passenger Safety Law.....	91
Permission Forms.....	91
Runaway Foster Child.....	91
Child Care Arrangements	92
Chapter 10	93
In Service Training Requirements for Resource Parents.....	97
Available Courses	97
Resource Parent Input Into Training.....	98
CHAPTER 11	99
Purpose.....	103
DCS Support	103
The Benefits Of Being A Member Of The Tennessee Foster Adoptive Care Association.....	104
CHAPTER 12	105
Independent Living And Post Custody Services For Children Between The Ages Of 14-23	109
Preparing For Independence	110

Role Of The Resource Parent In Preparing A Youth For Independence	111
Youth & Employment.....	111
Drivers License	112
Marriage Of A Minor.....	112
New Terms, Initials and Definitions.....	Error! Bookmark not defined.

Acknowledgements

The Resource Parent Handbook Committee was comprised of:

**Ms. Lynda Hasty, South Central Resource Parent, Advocate, and Treasurer for
FACA Coffee/Moore counties**

Mr. Ronnie Tate, Resource Parent Shelby Region

**Ms. Jean Martinez, Resource Parent, President FACA
Coffee/Moore counties**

Mr. Steve and Mrs. Georgia House, Resource Parents Upper Cumberland

**Ms. Melissa Bullard, DCS Resource Parent Liaison, South Central,
Coffee/Moore counties**

Odessa Krech-Helmer, DCS Program Coordinator, Central office

With support from:

**The TFACA
Resource Parents Advocacy Program
Ms. Julie Flannery, Director of Foster Care and Adoption
The Tennessee Social Work Education Consortium.**

**Ed Willie Williams, Advanced Technology Services, Office of Information Systems
Department of Children's Services**

**We would like to take this opportunity to also thank the Foster and Adoptive
children who contributed wonderful artwork for the handbook cover and
Subsequent pages within. The children and youth did a great job. Their
artwork made the handbook a more creative and entertaining book to read.**

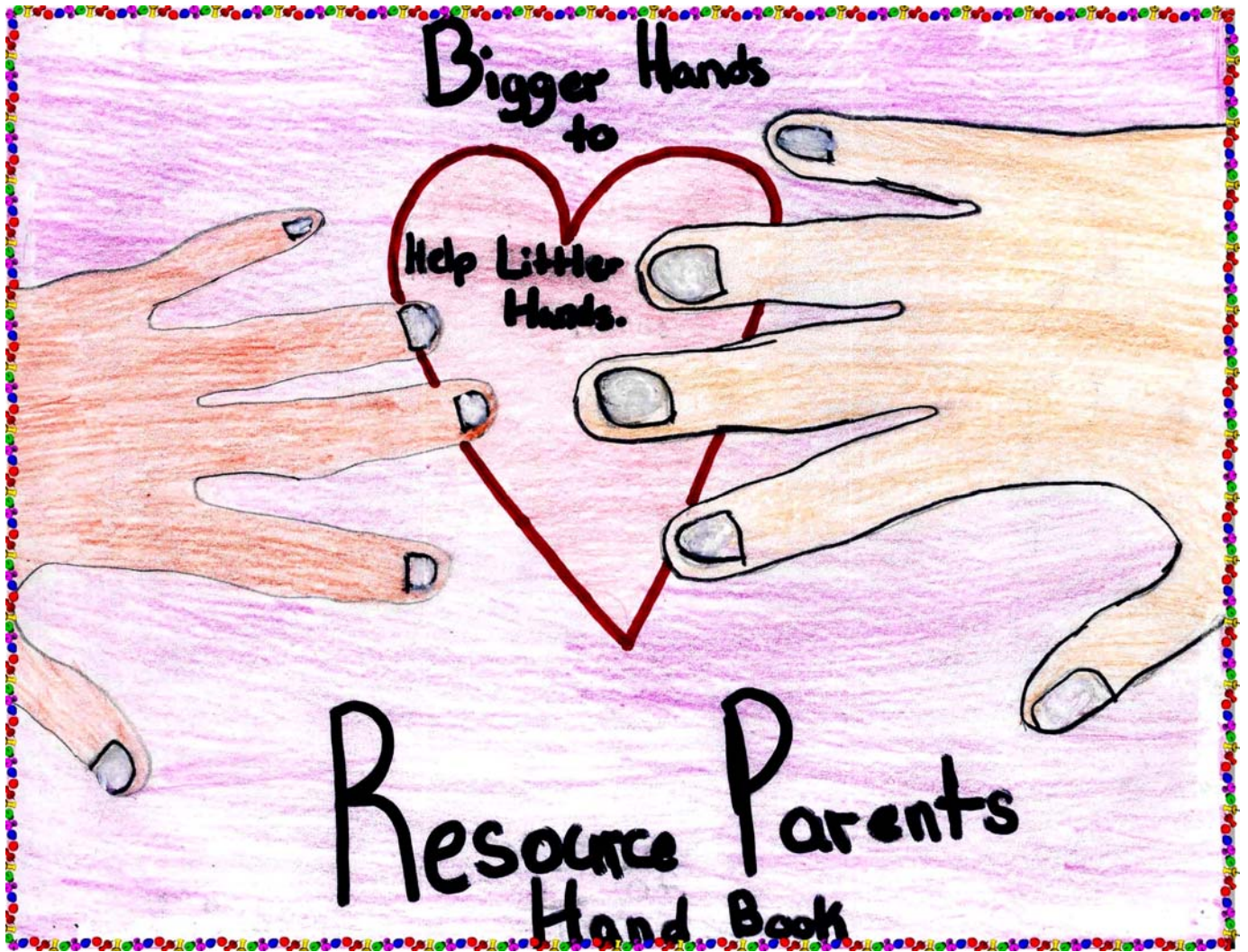
Completed Summer 2006

Chapter 1

TEAM ROLES & RESPONSIBILITIES

Team Roles

Team Tasks and Responsibilities



Team Members

What does each team member do?

Each team member has critical and complex tasks to perform.

The primary tasks of each team member include:

Child

The primary tasks of the child are to:

- Acknowledge their current family situation
- Adapt to a new environment
- Participate in team discussion and work towards meeting the permanency goals.

Biological Parents

The primary tasks of the biological parents are to:

- Acknowledge their current family situation
- Work towards meeting the goals of the permanency plan
- Provide support to their child, both emotional and other as they are capable.
- Provide continuity by maintaining a continuing relationship with the child

Resource Parents

The primary tasks of the Resource Parents are to:

- Nurture the child
- Maintain balance of the existing family.
- Work with other team members toward permanency.

DCS Staff

The primary tasks of the Family Support Worker (FSW) and the Placement Services Division (PSD) are to:

- Assess the child and family and meet the day-to-day needs of the child.
- Along with the other team members, develop a timely Permanency Plan that meets the needs of the child and family.
- Direct child and family activities toward accomplishment of the plan goals.
- Assist the Resource Parents in providing services to the child.
- Assist in authorizing payment of board, clothing, and allowance within the resource home.
- Provide supportive services to the Resource Parents as needed and required in order to maintain a safe and comfortable living environment for the child and a nurturing atmosphere for the resource family.

What are the specific tasks of the biological parents?

Inform	Keep the department informed of your whereabouts. Provide up to date information on changes in address, phone, and other contact information.
Work Towards Returning Home	Work with department staff, resource parents and child regarding the return home. Work towards successful completion of Permanency Goals.
Communicate	Keep appointments and respond to calls, maintain regular and consistent communication with your child.
Visit	Maintain regular contact with your child.
Provide a Safe & Nurturing Family	Work towards providing a safe, nurturing and loving family for your child to return home to.
Provide Financial Support	Assist in the financial support of your child.
Provide Emotional Support	Provide emotional support to your child. Maintain a positive outlook towards the future. Be a positive role model to your child.
Cooperate	Work cooperatively with your child's resource family and child and family team.

***NOTE:** The involvement of the biological parents will vary from case to case however the importance of the biological parents to the child should never be minimized.*

What are the specific tasks of the Resource Parents?

Day to day care	Provide day-to-day care (emotional and physical), education and encouragement as you would for any other member of the family.
Illness or Medical Emergency	Notify the Family Support Worker (FSW) immediately in case of illness or accident requiring a physician's care for the child. In case of medical emergency use your best judgment about whether to call the FSW or to get care for the child and then call the FSW.

Confidentiality	Information about the child or the family is strictly confidential and should not be divulged to anyone.
Child's Privacy	Notify the FSW of any inquiries about the child's identity.
Safety of the Child	Movement or removal of a child from your home will only be done by the Department of Children's Services. Do not allow the child to leave the home without the knowledge of the Department of Children's Services FSW or that individual's supervisor. If there is any question or concern contact your local DCS office immediately.
Child Leaving	Work with all team members in preparing the child for return to his birth home, adoption, or for a move to another resource home. A Child and Family Team Meeting will be held to discuss these moves with the team making recommendations.
Notice of Intent to Remove a Child	Give the Department of Children's Services as much notice as possible if you decide to ask for the removal of a child. DCS has the right to move a child whenever necessary but this will be done only after a Child and Family Team Meeting. Refer to Policy #16.27.
Transportation	All routine and normal travel will be provided by the Resource Parents such as: doctor's appointments, visits, and extracurricular school activities. Resource Parents are encouraged to coordinate with the FSW regarding any transportation needs.
Visitation	Support the child's visitation with relatives as outlined in the permanency plan and report any changes in the child which seems to relate to the visit to the FSW or their supervisor as soon as possible.
Child's "Life Book"	It is of great benefit to the child for the resource parent to keep a record of the time spent in the home. This takes the form of a Life Book and is a required activity for the resource parent and child to complete. Different types of Life Books have been used i.e.: Photo album, tape recordings, scrap books etc...
Information	Provide information to the FSW in a timely manner regarding the child's progress in the home. Any indicators of physical or emotional problems, including any sexual acting-out

behavior or any aggressive behavior, should also be noted and reported.

What are the specific tasks and responsibilities of the Family Services Worker (FSW)?

Day to day Care

Oversee day to day care of the child while in the resource home, make face to face contacts with the child and resource family in the home on a regular basis.

Medical/Dental Care

Make specific arrangements for dental and medical care when necessary, coordinate these appointments with the resource parents schedule.

Visitation

Protect the parents' or legal guardians right to reasonable visitation (a minimum of four hours a month unless restricted or denied by court order). A visitation plan would be developed at the Initial Child and Family Team meeting.

Availability & Accessibility

Assure that resource parents can reach you or your supervisor by telephone at all times. The FSW will make their office number and other contact information available as required depending on each child and situation. FSW will respond to resource family emails and telephone voice messages on a daily basis. "On Call" shifts are specific to 8-10 hour periods of service and availability by phone.

**Foster Care
And Periodic Reviews**

DCS staff and the Child and Family Team will develop a written Permanency Plan for the child and family, relatives or guardian from whom the child was removed within 30 days of removal. This plan is presented to the court for approval and ratification.

DCS staff and the Child and Family team will prepare and attend periodic reviews of the child's case and progress.

These reviews are conducted within foster care review boards and are reviewed by an external board of reviewers.

Maintain Open Communication The DCS Family Services Worker (FSW) is required to provide information to the resource parent as the information becomes available regarding the child's medical/dental needs, educational situation, abuse history etc..

Access to Information

Should resource parents, as team members, have access to information about the child? What kind of information?

Playing such as intimate role in the care of DCS custodial children the resource parent needs to be informed. Knowledge of the child's fears, anxieties, history of abuse,

family relationships will enhance the foster parent's ability to nurture the child. A resource parent should never "feel kept in the dark". At the same time, the resource parent is bound by the same rules of confidentiality, as are DCS staff and other team members. (Refer to the Resource Parent's Bill of Rights)

- Resource parents are encouraged to have contact with birth families in order to gather needed information on the child' like's/dislikes, favorite foods, fears and favorite belongings.

•

Chapter Two

THE RESOURCE PARENT ROLE

Visitation

Counseling for the child

Crisis support for the Resource Parent

School systems and the Resource Parent

Medical information for the Resource Parent



Visitation

Do resource parents participate in the coordinating of visits with the birth parents and siblings? Are they asked to allow visits in the resource home?

The resource parent's cooperation is critical to maintaining a relationship between the child and the birth family.

Arranging Visitation

Resource parents will partner with DCS in coordinating visitation between the child and birth family as stipulated in the established visitation schedule. This schedule is developed during the initial CFTM in which all team members have input into the plan, and is subject to approval of the court.

Visitation With Siblings

Visitation with siblings will be conducted as per the established visitation plan. DCS case manager will provide supervision, if required with the assistance of the resource parents.

Visitation in The Resource Home

Visitation in the resource home may be appropriate to the child's needs, with the agreement of the resource parent and with approval of the FSW.

Child in Counseling

What is the resource parent's role when the foster child is in counseling?

The resource parent plays a vital supportive role when the child is in counseling. They may:

Transport

Assist the FSW by transporting child to counseling sessions.

Attend Sessions

Work closely with the counseling and mental health services agency in order to monitor and discuss any counseling needs or concerns.

Carry out Treatment Plan

Cooperate in a treatment plan developed by the mental health team.

Provide Feed-back

Provide feed-back to the FSW and the mental health team regarding any mental health concerns or progress.

Support in a Crisis

What may the resource parent expect if the child has a crisis and is in need of immediate help?

During times of crisis the resource parent may expect:

- To contact the child's FSW as soon as possible for assistance.

- Request Respite services
- Telephone and request a consultation with the mental health provider as soon as possible.
- In extreme emergencies, it may become necessary for on-site interventions by the mental health counselor or the FSW.
- Short-term hospitalization to stabilize the child.

Resource Parents and the School System

What is the resource parent's role in working with school staff?

The resource parents probably will feel the same concerns about the school life of their foster child as with their own birth children. Certainly the resource parent may advocate on behalf of the child.

- When acceptable the birth parents are encouraged to continue to advocate for their children at school meeting, IEP's and to participate in extracurricular school activities with their children.
- **IEP Team Meeting:** Birth and resource parents are both encouraged to participate in all meetings held on behalf of the foster child.
- **Educational Planning:** It is preferable that both birth and resource parents participate in educational planning on behalf of the foster child.
- **Surrogate Parents:** Resource parents may function as surrogate parents if appointed by the local school system. If a child is in a resource home for 1 year or more the resource parent can function as a surrogate parent for educational matters. Resource parents are encouraged to complete surrogate training through the school system in order to be able to function as a surrogate at educational meetings.

Medical Care of Child

Foster Parents: Healthcare Resource

Basic Questions and Answers about Healthcare Services for Foster Children

Question: What is the DCS Health Advocacy Unit?

It is the mission of the DCS Health Advocacy Units to provide FSW's and Resource Parents with the infrastructure and support to make sure that the children in our care receive all the needed health services. The Health Advocacy Unit includes:

- ✓ Health Advocacy Representative (formerly the TennCare Representative)
- ✓ SAT (Services and Appeals Tracking) Coordinator
- ✓ Nurse
- ✓ Psychologist
- ✓ Educational Specialist

The Health Advocacy Units want to serve the FSW's and Resource Parents by being **"THE SOURCE"** for knowledge about health.

Question: When should I contact my DCS Health Advocacy Unit?

- ✓ When you have questions or concerns about your child's physical, behavioral, mental health, or educational needs.
- ✓ When a child has multiple or complex medical needs or the child has been identified as medically fragile.
- ✓ When a child has multiple or complex mental health needs.
- ✓ When you are having difficulty or a delay in obtaining needed medical or mental health care or appointments for a child.
- ✓ When you need assistance with services from the school system.
- ✓ When a child has been denied medical or mental health services.
- ✓ When there is a question about the results of a TENNderCARE EPSDT Screening.

Question: What is a TENNderCARE EPSDT Screening?

TENNderCARE "EPSDT" stands for Early Periodic Screening, Diagnosis, and Treatment. TENNderCARE EPSDT Screening is the federal Medicaid (TennCare) program intended to provide preventive (early) health care for children/youth enrolled in the state's Medicaid program.

A TENNderCARE EPSDT SCREENING consists of the following 7 components:

- (1) Comprehensive health and development history; (2) Comprehensive unclothed physical exam; (3) Age-appropriate immunizations; (4) Age-appropriate lab tests; (5) Health education; (6) Vision screen; and (7) Hearing screen.

Question: When does a child need a TENNderCARE EPSDT Screening?

All foster children should receive a TENNderCARE EPSDT within 30 days of entry into care. After the initial screening, foster children should get regular screenings at the following ages even if there is not an apparent health problem:

For infants and toddlers:		
At birth	4 months old	15 months old
2-4 days old	6 months old	18 months old
1 month old	9 months old	24 months old
2 months old	12 months old	
For older children and adolescents:		
3 years old	9 years old	15 years old
4 years old	10 years old	16 years old

5 years old	11 years old	17 years old
6 years old	12 years old	18 years old
7 years old	13 years old	19 years old
8 years old	14 years old	20 years old

Question: Where do I take my foster child for a TENNderCARE EPSDT Screening?

TENNderCARE EPSDT screenings are completed at the local Health Department in the county that you live. Special arrangements have been made for foster children living in Davidson County. If you live in Davidson County, please contact the Davidson County DCS Health Advocacy Unit for more information.

Question: What information do I need to take with me to the Health Department for the TENNderCARE EPSDT Screening?

There are four pieces of information the Health Department needs in order to complete your foster child's TENNderCARE EPSDT screening:

1. Court Custody Order
2. Insurance Information
 - ✓ TennCare card or
 - ✓ TennCare 45-day eligibility letter or
 - ✓ Private insurance card or
 - ✓ Special payment provisions must be arranged for children with no insurance – Contact the DCS Health Advocacy Representative if the child has no insurance
3. Initial Health Questionnaire
4. Immunization Records

You should receive a copy of the Initial Health Questionnaire when the child arrives in your home. Ask your DCS FSW for copies of this form and the other documents before you schedule the appointment with the Health Department.

Question: If the Health Department recommends my foster child receive follow-up services, who do I contact?

Contact the DCS Health Advocacy Unit Nurse in your region if you have any questions about the follow-up services recommended by the Health Department. If a child is placed in a DCS resource home, the DCS FSW should coordinate with the Resource Parent to make sure an appointment is scheduled with the child's Primary Care Provider (PCP) or appropriate healthcare provider for follow-up. If the child is being served by a Contract Agency, the DCS FSW needs to communicate with the Contract Agency to make sure the Contract Agency knows about any follow-up services that need to be scheduled.

Question: Where should a Resource Parent call regarding TennCare Select providers?
Resource Parents should call the TennCare Select Best Practice Network (BPN) Resource Parent line at 1-888-422-2963.

Question: When should a child receive a TENNderCARE EPSDT dental screening?
A child should receive a TENNderCARE EPSDT dental screening at age 3 years, or earlier if indicated by a medical provider. Children should receive dental screenings every 6 months or as recommended by the child's dentist.

Question: How do I get a TENNderCARE EPSDT dental screening for my foster child?
Doral Dental manages the dental network for children on TennCare. Call Doral Dental's Customer Service Hotline at 1-888-233-5935 for the name of a participating dentist. If you cannot get an appointment with a participating dentist in a timely manner (within 21 days), call at 1-888-233-5935 again and request assistance from Doral's Member Placement Department. If Doral does not help, contact the DCS Health Advocacy Representative in your region for assistance.

Question: How do I access behavioral or mental health services for my foster child?
Call Premier Behavioral Health at 1-800-325-7864 to find out which mental health providers are available. Call prospective providers for an appointment. If you do not get the appointment in 14 calendar days, call Premier back to request assistance in scheduling an appointment. If Premier does not help, contact the DCS Health Advocacy Representative in your region for assistance.

Question: What do I do if I receive a medical bill for my foster child?
One of the best ways to prevent medical bills is actually before you even go to the appointment. You always want to make sure the healthcare provider is in the TennCare network or in the network of the private insurance company, whichever applies. Information has been provided above regarding how to locate a TennCare network provider. If the child has private insurance, contact the child's DCS FSW or the DCS Health Advocacy Representative for assistance before you make any healthcare appointments for the child.

The next important preventive step is to make sure the correct insurance information is given to the healthcare provider when the child is taken in for an appointment. The healthcare provider needs the TennCare card, the 45-day TennCare Select Eligibility Letter, or the private insurance card in order to file a claim for the services they provide your foster child.

If you have a child that is not covered by TennCare and has no private insurance, contact your DCS Health Advocacy Representative so the proper paperwork can be completed and taken to the scheduled appointment. The medical bills for these children are paid directly by DCS.

In situations when you are asked to sign financial papers, sign in the following manner: "Tennessee Department of Children's Services / Resource Parent Name." It is also a good idea to give the DCS FSW's name and contact information as well as your own.

If you have taken all of these preventive measures but still receive a medical bill for your foster child, please contact your DCS Health Advocacy Representative for assistance.

Question: What about informed consent? What consents am I allowed to sign for my foster child?

Resource Parents may sign for matters of routine health and emergency services. If your foster child needs surgery or psychotropic medication, please alert the DCS FSW or the DCS Health Advocacy Unit Nurse. Resource Parents may not sign for surgery or psychotropic medications.

Question: Is there anything special I need to do if my foster child is taking psychotropic medication?

You must have informed consent before you give psychotropic medication to a foster child. Children age 16 years and older can provide their own consent for psychotropic medication. For children under the age of 16 years, DCS attempts to engage the child's parent or guardian in psychotropic medication decisions unless parental rights have been terminated. If parental consent is not available and the child is under the age of 16 years, the DCS Health Advocacy Unit Nurse will make the decision about informed consent.

It is very important that you receive a copy of the informed consent if a foster child placed in your care is taking psychotropic medications. Ask the DCS FSW who brings the child for a copy of the consent when the child arrives. You can also contact the DCS Health Advocacy Unit Nurse for assistance.

It is important that you document when you give psychotropic medication to your foster child. The *Resource Home Prescription Medication Record* should be used to document the administration of psychotropic medication. Ask the DCS FSW or the DCS Health Advocacy Unit Nurse for a copy of this form if you do not have one. Take this form with you to the child's medication evaluation appointments. Also, share the form with the child's DCS FSW when they visit. It is important for everyone to communicate about the child's medication needs.

It is also important for the DCS Health Advocacy Nurse to know about any psychotropic medication your child is taking. The *Psychotropic Medication Evaluation* form should be provided to the child's prescribing provider at each medication evaluation appointment. This form allows the prescribing provider to communicate with DCS about any medication recommendations. The DCS Health Advocacy Nurse tracks all psychotropic medications our foster children are taking. It is very important for them to have this information about your foster child. Please ask the child's DCS FSW's or your DCS Health Advocacy Unit Nurse for a copy of the *Psychotropic Medication Evaluation* form if you do not have a copy. Mail this form to your DCS Health Advocacy Unit Nurse or give it to the child's DCS FSW when they visit.

Question : What is the Health Services Confirmation and Follow-up Notification?

DCS has created a short form, called the *Health Services Confirmation and Follow-up Notification*, to be used state-wide to verify and track health services that children in DCS custody receive. The form contains information on what services were provided

for the child, any special instructions for the caregiver, and information on follow-up services and referrals to other providers. It is required documentation.

Question: Which appointments should this form be taken to?

The form must be completed for all medical, dental and mental health appointments, except EPSDT screenings and follow-up visits that are completed at the Health Departments. The Health Departments already forward EPSDT screenings and follow-up treatment information directly to the Regional DCS Health Advocacy Units.

The form should also be taken to and completed for all ongoing appointments, such as bi-weekly appointments with a therapist, speech therapy, occupational therapy, etc. This will allow DCS to not only track that a child needs ongoing treatment, but also verify the child is receiving the treatment service as recommended and help with coordinating the ongoing appointments.

Question: What do I do with this form?

Please take a copy of this form to each appointment and ask the provider to complete it. The form is then faxed to the Regional DCS Health Advocacy Unit. Please ask the provider to fax the form (the fax number is listed on the bottom) or let your FSW know you have a completed form that needs to be faxed to the DCS Health Advocacy Unit. Upon receipt, the information is entered into the child's electronic record for tracking. Your FSW will give you a supply of the forms.

Question: What do I do if my foster child needs to go to the emergency room?

Have you ever been unsure if you should go to your doctor or to an emergency room? Here are some tips to help you make that decision.

Seek medical advice before going to the ER. Even if your doctor's office is closed, call the office. Someone should answer and put you in contact with a doctor if you are not sure about going to the ER. He or she will direct you to the most appropriate place for care: an urgent care center, the doctor's office or the emergency room. During regular office visits, ask the child's doctor about when a trip to the ER is right and when it is not. Ask if they prefer you call them first under certain circumstances.

Things that usually are not an emergency include:

- Sore throat
- Cold or flu
- Lower back pain
- Nausea and/or vomiting
- Small, but not deep, cuts
- Bruises
- Aches and moderate pain
- Earache
- Sprain
- Fever (unless there is a seizure)
- Sunburn or minor burn from cooking

When it's an emergency

An emergency is an accident or sudden illness that a person with an average knowledge of medical science believes needs to be treated right away to prevent loss of life, serious medical complications or permanent disability.

How to know

Examples of emergency conditions can include:

- Uncontrollable bleeding
- Seizure or loss of consciousness
- Chest pain or squeezing sensation in the chest that does not go away
- Shortness of breath
- Suspected overdose or poisoning
- Sudden paralysis or slurred speech
- Broken bones
- Severe pain
- Obstetrical problems
- Inability to wake a child up
- Sudden, severe headache
- Head injury that causes unconsciousness or confusion, or the child is dazed, nauseated, develops an extreme sensitivity to light and/or ringing in the ears

What to do

Seek medical care immediately. Go directly to the nearest emergency facility or call 911 or your local emergency services number. You do not need a referral from the child's Primary Care Provider (PCP) for authorization before receiving emergency care.

What to take

Take the child's insurance information (TennCare or private insurance), a list of medications, a list of allergies, and any other medical information or history you may have that will help the ER staff treat your child.

How to follow-up

Call the child's PCP, or have someone call for you, for further assistance and follow-up care. When possible, you should call the PCP within 48 hours of visiting the emergency room. Call sooner if your emergency physician says you should.

Tennessee Poison Control Number 1-800-222-1222

Important Information To Resource Parents On Hiv Testing For Children

HIV stands for Human Immunodeficiency Virus, the virus that causes AIDS.

Symptoms of HIV. Some children infected with HIV do not have any symptoms at all for many years however some develop symptoms within a short period of time. HIV can have a variety of effects. The following MAY be warning signs of HIV infection when they persist for several months or recur over time:

1. Persistent fever
2. Chronic or recurrent cough
3. Chronic or recurrent diarrhea
4. Persistent or Recurrent swollen lymph glands
5. Chronic or recurrent ear infections
6. White spots or unusual blemishes on the tongue, in the mouth, or in the throat
7. Pneumonia
8. Red, brown, pink, or purplish blotches on or under the skin or inside the mouth, nose, or eyelids
9. Failure to thrive or developmental delays

NOTE: Each of these symptoms can be related to other illnesses, so this is not a definitive list.

Other risk factors for HIV in children:

1. HIV test results are positive for either parent
2. Either parent has a history of HIV infection or has died from HIV/AIDS infection
3. The child has been sexually abused or sexual abuse is suspected, and there was intimate sexual contact
4. The parent has been involved in risk behaviors and the child is under age 9
5. The child has been involved in risk behaviors associated with HIV

Informed Consent and HIV Testing

Consent for HIV testing of children is not considered routine. The decision to test a child is based on the consideration and protection of the rights and medical concerns of that particular individual. . Children should be referred by their FSW to the Primary Care Provider to determine if the history and symptoms the child is experiencing warrant testing for HIV.

HIV testing of a child can ONLY be performed after written consent is obtained from either the parent, guardian or in some cases, the mature minor. If the child is in full guardianship, the DCS Team Coordinator can give consent. Foster parents may not have a child tested for HIV without consultation with the FSW and the DCS Health Advocacy Unit Nurse, and obtaining appropriate consent.

The Health Department can test youth age 13 and over who want to voluntarily consent to an HIV test. However, the information is confidential and the Health Department only shares the results with the youth.

Special Care Rates

Children with HIV/AIDS may be medically fragile depending on their clinical care needs.

How do I care for an HIV infected child at home?

In general, caring for a child with HIV is like caring for any other child. You do not need to worry about getting HIV or AIDS from your child or about other children in your home getting the virus. A child with the virus will not pass it on to schoolmates, playmates, or people in your family. Although there have been no documented cases of HIV transmission by casual contact in the home, there are a few precautions you should take to keep your child and your family healthy.

1. Make sure your child gets good medical care from a specialist or specialty clinic if at all possible. If a specialist is not geographically available, a consultation arrangement should be set up between the Primary Care Provider and a specialist via telephone or telemedicine. The Centers of Excellence are a good resource. Your DCS Health Advocacy Unit Nurse will assist with this.
2. Any baby born to an HIV-positive mother, even if the baby has not yet been diagnosed with HIV, will be treated, beginning at four to six weeks of age, with drugs that help prevent pneumonia. The medication should be continued until HIV infection is ruled out.
3. Babies with HIV infection should receive all routine childhood immunizations, plus some additional ones. The chickenpox vaccine, however, is not recommended. Babies with HIV should be vaccinated yearly against influenza, starting at seven months of age, and should receive the conjugated pneumococcal vaccine in the first year. Your pediatrician will guide you with this.
4. Regular hand-washing with soap is very important. Teach everyone in your family to wash their hands carefully before and after eating, feeding another child, using the toilet, changing another child's diapers, and before and after wound care. Follow these precautions yourself.
5. If your child has an accident which results in bleeding, use gloves to cover your hands, then use soap and water to thoroughly clean the wound and any soiled surfaces. Use a mixture of bleach and water (1/8 cup bleach to a half gallon of water) to clean any surfaces soiled with blood. Do not use bleach on the body. Keep any cuts or sores on the child covered with a bandage until they heal.
6. Make sure your child eats a balanced healthy diet.
7. There is no reason to treat your child differently from any other child. Children who have the HIV virus, and who are not ill, can do everything that other children can do.
8. Hugging and kissing your child will help keep them happy, healthy and safe.
9. If you have further question about caring for an HIV-infected child, your pediatrician will provide you with guidance and support.
10. Your FSW and DCS Health Advocacy Unit Nurse will assist in setting up specific supports including, but not limited to, medical care and consultation, treatment services, transportation, and support groups.

Chapter Three

The Resource Parent's Rights

Access to information about the child

Multi-Ethnic Placement Act & DCS Policy 16.2

Preference to adopt

Preventing and surviving child abuse allegations

Foster Parents' Bill of Rights



Access to Information about the Child

What information does the resource parent have the right to know about the child?

The Department of Children's Services requires the Family Support Worker (FSW) to give "all known information helpful to meeting the child's needs". Required information usually includes:

- Child's Background
- The permanency plan for the child and family
- The visitation schedule
- Child's interests, strengths, concerns
- Medical/dental information
- Medications
- Services provider information including:
 - Mental health providers
 - Alcohol & drug counseling services
 - Educational tutoring services etc...

As a member of the child and family team, the resource parent may expect all available information on the child and as a member of the child and family team they will accept that they are bound by the same rules of confidentiality as the FSW, counselor, and other team members.

What can resource parents do to get this information?

Ask their FSW. Unfortunately, information is sometimes sparse and the FSW may know very little about the child's background. As information becomes available or within 3 working days, the FSW must share new information with the resource parents in order to provide consistency in the home and to make necessary services available to the child and resource family.

Multi-Ethnic Placement Act and Policy 16.2

What is the department's position regarding multi-ethnic placements?

- ❖ It is the Department's intention to facilitate the identification and recruitment of adoptive and foster families who meet the needs of available children.
- ❖ The adoptive and foster care placement of a child shall not be delayed or denied on the basis of the race, color, or national origin of the adoptive parent or the child involved.
- ❖ All relatives who might serve as a child's caregiver (as promptly as possible) must be considered first choice.
- ❖ Any consideration of race must be narrowly tailored and individualized, focusing on the best interests of the child.

Please refer to DCS policy 16.2 for additional information and procedures.

Preference to Adopt

What are resource parents' rights regarding the adoption of a foster child?

Department of Children's Services philosophy is "First Placement, Best Placement", once a child has been in your home for a year or more and becomes free for adoption, you would then have the first preference to adopt that child.

Accusations of Abuse or Neglect

What are resource parent's rights to representation if they are accused of abuse or neglect of a foster child?

If DCS receives a report that someone believes a child in the resource home is being abused, the department must conduct an investigation. An investigation generally consists of an interview with the child, the person responsible for the care of that child, others in the home, physical and psychological exams of the child if needed. The Special Investigations Unit (SIU) of DCS will conduct the investigation. The FSW working with the resource family will be consulted. Legal representation is not provided by the State of Tennessee.

- It is vitally important for the resource parents to contact the Resource Home Advocate assigned to that region.
- Each region has Resource Parent Advocates that can assist resource parents through the investigation process.

Surviving Allegations of Abuse or Neglect Charges

What can you do to protect yourself from allegations of abuse or neglect?

1. Before you accept a placement, get as much information and background as possible on that child and family.
2. Decide if the child being placed in your home is within your capabilities and desires to parent.
3. Say "no" to placements that you feel will not work out. Remember safety issues for you, your family and the foster child are important.
4. Keep records; keep a journal of activities surrounding the children you care for.
5. Understand the DCS rules and regulations that you must adhere to.
6. Develop family rules and post them for all members of the home to see.
7. Maintain clear communication with the Child and Family Team members.
8. Join the local resource parent support group or association. These members have years of experiences and can provide you with solid techniques on how to handle allegations and what the steps are through the investigative process.
9. Contact your local Resource Home Advocate; Tennessee has advocates in each region of the state. These advocates are specially trained to understand policies, procedures and will be able to support you during an investigation.

Foster Parents' Bill Of Rights

What are the foster parents' Bill of Rights in general and how can disagreements with the department be settled?

- 1) The department shall treat the foster parent or parents with dignity, respect, trust and consideration as a primary provider of foster care and a member of the professional team caring for foster children;*
- (2) The department shall provide the foster parent or parents with a clear explanation and understanding of the role of the department and the role of the members of the child's birth family in a child's foster care;*
- (3) The foster parent or parents shall be permitted to continue their own family values and routines;*
- (4) The foster parent or parents shall be provided training and support for the purpose of improving skills in providing daily care and meeting the special needs of the child in foster care;*
- (5) Prior to the placement of a child in foster care, the department shall inform the foster parent or parents of issues relative to the child that may jeopardize the health and safety of the foster family or alter the manner in which foster care should be administered;*
- (6) The department shall provide a means by which the foster parent or parents can contact the department twenty-four (24) hours a day, seven (7) days a week for the purpose of receiving departmental assistance;*
- (7) The department shall provide the foster parent or parents timely, adequate financial reimbursement for the quality and knowledgeable care of a child in foster care, as specified in the plan; provided, that the amount of such financial reimbursement shall, each year, be subject to and restricted by the level of funding specifically allocated for such purpose by the provisions of the general appropriations act;*
- (8) (A) The department shall provide clear, written explanation of the plan concerning the placement of a child in the foster parent's home. For emergency placements where time does not allow prior preparation of such explanation, the department shall provide such explanation as it becomes available. This explanation shall include, but is not limited to, all information regarding the child's contact with such child's birth family and cultural heritage, if so outlined;*

(B) During an emergency situation when a child must be placed in home-care due to the absence of parents or custodians, the department of children's services may request that a criminal justice agency perform a federal name-based criminal history record check of each adult residing in the home. The results of such check shall be provided to the department, which shall provide a

complete set of each adult resident's fingerprints to the Tennessee bureau of investigation within ten (10) calendar days from the date the name search was conducted. The Tennessee bureau of investigation shall either positively identify the fingerprint subject or forward the fingerprints to the federal bureau of investigation within fifteen (15) calendar days from the date the name search was conducted. The child shall be removed from the home immediately if any adult resident fails to provide fingerprints or written permission to perform a federal criminal history check when requested;

(C) When placement of a child in a home is denied as a result of a name-based criminal history record check of a resident and the resident contests that denial, each such resident shall, within five (5) business days, submit to the Tennessee bureau of investigation a complete set of such resident's fingerprints to the Tennessee criminal history record repository for submission to the federal bureau of investigation;

(D) The Tennessee bureau of investigation may charge a reasonable fee, not to exceed seventy dollars (\$70.00), for processing a fingerprint-based criminal history record check pursuant to this subdivision (a)(8);

(E) As used in this section, "emergency situation" refers to those limited instances when the department of children's services is placing a child in the home of private individuals, including neighbors, friends, or relatives, as a result of a sudden unavailability of the child's primary caregiver;

(9) Prior to placement, the department shall allow the foster parent or parents to review written information concerning the child and allow the foster parent or parents to assist in determining if such child would be a proper placement for the prospective foster family. For emergency placements where time does not allow prior review of such information, the department shall provide information as it becomes available;

(10) The department shall permit the foster parent or parents to refuse placement within their home, or to request, upon reasonable notice to the department, the removal of a child from their home for good reason, without threat of reprisal, unless otherwise stipulated by contract or policy;

(11) The department shall inform the foster parent or parents of scheduled meetings and staffing, concerning the foster child, and the foster parent or parents shall be permitted to actively participate in the case planning and decision-making process regarding the child in foster care. This may include individual service planning meetings, foster care reviews, and individual educational planning meetings;

(12) The department shall inform a foster parent or parents of decisions made by the courts or the child care agency concerning the child;

(13) The department shall solicit the input of a foster parent or parents concerning the plan of services for the child; this input shall be considered in the department's ongoing development of the plan;

(14) The department shall permit, through written consent, the ability of the foster parent or parents to communicate with professionals who work with the foster child, including any therapists, physicians and teachers who work directly with the child;

(15) The department shall provide all information regarding the child and the child's family background and health history, in a timely manner to the foster parent or parents. The foster parent or parents shall receive additional or necessary information, that is relevant to the care of the child, on an ongoing basis; provided, that confidential information received by the foster parents shall be maintained as such by the foster parents, except as necessary to promote or protect the health and welfare of the child;

(16) The department shall provide timely, written notification of changes in the case plan or termination of the placement and the reasons for the changes or termination of placement to the foster parent or parents, except in the instances of immediate response for child protective services;

(17) The department shall notify the foster parent or parents, in a complete manner, of all court hearings. This notification may include, but is not limited to, notice of the date and time of the court hearing, the name of the judge or hearing officer hearing the case, the location of the hearing, and the court docket number of the case. Such notification shall be made upon the department's receipt of this information, or at the same time that notification is issued to birth parents. The foster parent or parents shall be permitted to attend such hearings at the discretion of the court;

(18) The department shall provide, upon request by the foster parent or parents, information regarding the child's progress after a child leaves foster care. Information provided pursuant to this subsection (a) shall only be provided from information already in possession of the department at the time of the request;

(19) The department shall provide the foster parent or parents the training for obtaining support and information concerning a better understanding of the rights and responsibilities of the foster parent or parents;

(20) The department shall consider the foster parent or parents as the possible first choice permanent parents for the child, who after being in the foster parent's home for twelve (12) months, becomes free for adoption or a planned permanent living arrangement;

(21) The department shall consider the former foster family as a placement option when a foster child who was formerly placed with the foster parent or parents is to be re-entered into foster care;

(22) The department shall permit the foster parent or parents a period of respite, free from placement of foster children in the family's home with follow-up contacts by the agency occurring a minimum of every two (2) months. The foster parent or parents shall provide reasonable notice, to be determined in the promulgation of rules, to the department for respite;

(23) Child abuse/neglect investigations involving the foster parent or parents shall be investigated pursuant to the department's child protective services policy and procedures. A child protective services case manager from another area shall be assigned investigative responsibility. Removal of a foster child will be conducted pursuant to Tennessee Code Annotated and departmental policy and procedures. The department shall permit an individual selected by the membership of the Tennessee Foster Care Association to be educated concerning the procedures relevant to investigations of alleged abuse and neglect by the department and the rights of the accused foster parent or parents. Upon receiving such training, such individual shall be permitted to serve as advocate for the accused foster parent or parents. Such advocate shall be permitted to be present at all portions of investigations where the accused foster parent or parents are present, and all communication received by such advocate therein shall be strictly confidential. Nothing contained within this item shall be construed to abrogate the provisions of chapter 1 of this title, regarding procedures for investigations of child abuse and neglect and child sexual abuse by the department of children's services and law enforcement agencies;

(24) Upon request, the department shall provide the foster parent or parents copies of all information relative to their family and services contained in the personal foster home record; and

(25) The department shall advise the foster parent or parents of mediation efforts through publication in departmental policy manuals and the Foster Parent Handbook. The foster parent or parents may file for mediation efforts in response to any violations of the preceding tenets.

(b) In promulgation of rules pursuant to subsection (a), the department shall provide forty-five (45) days written notification of public hearings, held pursuant to the Uniform Administrative Procedures Act, compiled in title 4, chapter 5, to the president of the Tennessee Foster Care Association and the president's designee.

(c) (1) At the time of placement of a child in a foster home, and no later than at the time the foster care placement contract is signed, the foster parent shall be informed, in writing, through a succinct checklist form, of all information that is available to the department regarding the child's:

(A) [Amended effective January 1, 2006. See the Compiler's Notes] Pending petitions, or adjudications of delinquency when the conduct constituting the delinquent act, if committed by an adult, would constitute first degree murder, second degree murder, rape, aggravated rape, rape of a child, aggravated robbery, especially aggravated robbery, kidnapping, aggravated kidnapping or especially aggravated kidnapping;

(B) Behavioral issues that may affect the care and supervision of the child;

(C) History of physical or sexual abuse;

(D) Special medical or psychological needs of the child; and

(E) Current infectious diseases.

(2) All information shall remain confidential and not subject to disclosure to any person by the foster parent.

[Acts 1997, ch. 549, §§ 2, 3; 1999, ch. 493, §§ 1, 2; 1999, ch. 508, §§ 4, 10, 11; 2000, ch. 981, § 51; 2002, ch. 629, § 7; 2004, ch. 877, § 1; 2005, ch. 265, § 6.]

Grievance Procedures

1. Complaints and Mediation

(A) Any resource parent who determines that the Department is in violation of the Foster Parents' Bill of Rights or otherwise has a complaint should first discuss their concerns with the FSW assigned to the resource home and attempt to work out an agreement. This step may involve showing the resource parent the written policy and procedures relative to approval of a foster home or ongoing casework activities. The FSW must respond to the resource parent's complaint within three working days.

- (B) If the FSW and the resource parent cannot reach an understanding, then the resource parent shall notify the team leader and request assistance from the team leader in mediating the conflict between the FSW and the resource parent. The team leader must respond to the resource parent's complaint and request for assistance within five working days.*

2. Grievances

- a. If the FSW and the team leader cannot make corrections or adjustments, the resource parent shall notify the team coordinator in writing of their concerns and request an appointment with the team coordinator. A scheduled meeting between all parties with the team coordinator must take place within 7 working days of the receipt of the resource parent complaint. The results of this meeting shall be documented in writing within 2 working days of the meeting; responsibility for the documentation is with the FSW with approval of the team leader. The team coordinator must then make a recommendation in writing for corrective action (or no action). Copies of the team coordinator's decision must be forwarded to all participants.*

3. Appeals

- a. Within 7 working days of the grievance hearing, the resource parents may elect to file an appeal with the Regional Administrator of the Department of Children's Services. Upon receipt of an appeal, the Regional Administrator reviews all the information, and either accepts the recommendation of the team coordinator, or, at their discretion, may schedule an additional interview with the resource parents, DCS staff, or other relevant parties. Copies of the Regional Administrator's Approval or modification of the team coordinator's recommendation must be forwarded to all participants.*

Chapter Four

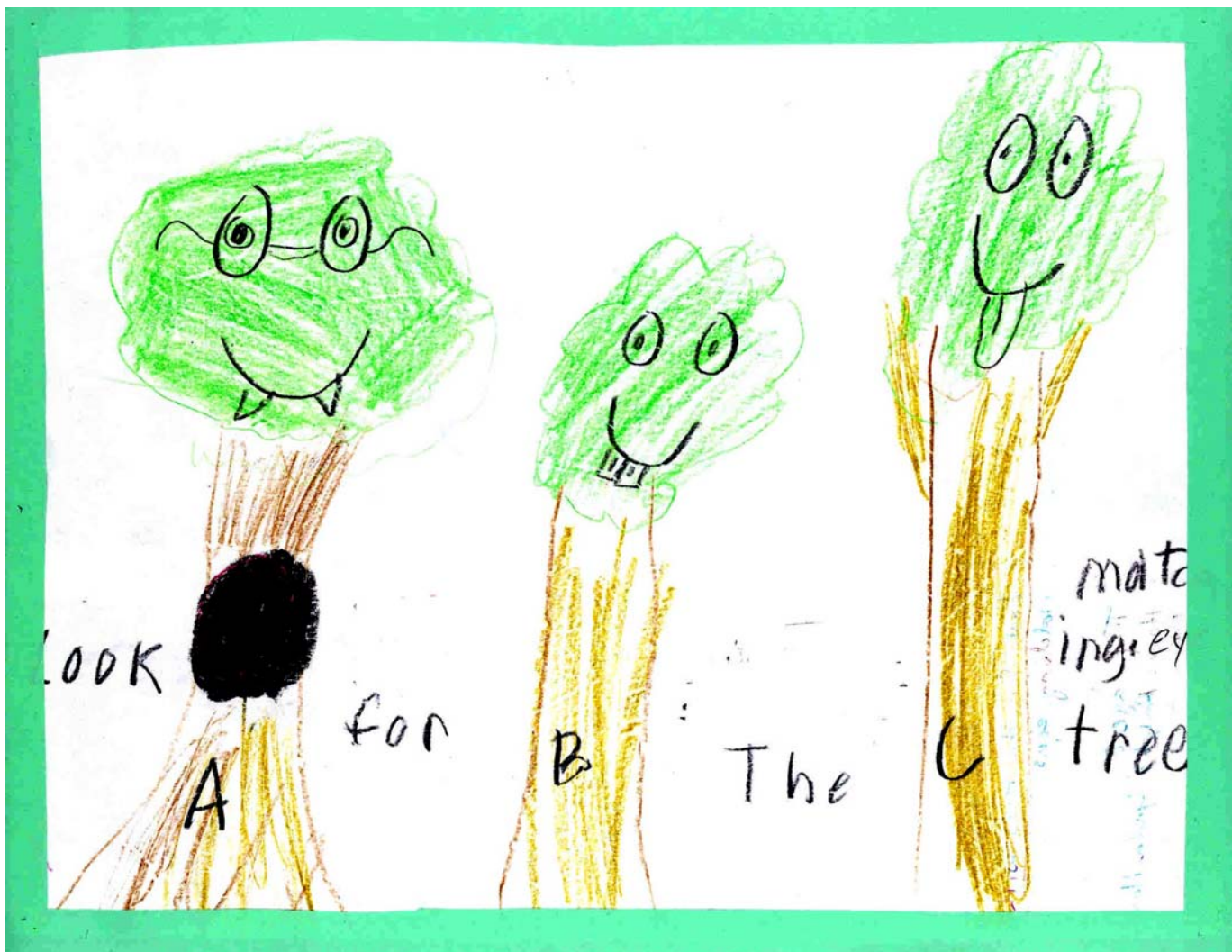
DCS Policies

Out of State travel & Outings and Overnight stays

Discipline

Life Story Books

Removal of a child from a resource home



Travel Reimbursement

What are DCS policies regarding travel reimbursement to resource parents?

Routine travel is included in the daily resource care board payment. However, resource parents will receive authorized reimbursement at the regular state rate for extraordinary travel that is 50 miles or more one way. The extraordinary travel should be discussed and agreed upon in the Child and Family Team meeting. How does it meet the needs of the individual child?

Some examples of extraordinary travel may include and are not limited to:

- (1) Medical, Mental Health or other types of therapy sessions.
- (2) Court hearings or foster care review board meetings.
- (3) Family or sibling visitations
- (4) Special school placement where regular school bus run is not available.
- (5) Hospital placement of child where ongoing resource parent support is necessary to the child's recovery process.
- (6) For multiple or extraordinary travel within one day that is substantiated by the resource family and the FSW.
 - A completed and signed form should be submitted monthly. Mileage should be documented to verify the purpose of each trip.
 - CFT meetings are the means for discussing the need for travel reimbursement to the resource family.

Out of State Travel & Outings and Overnight Stays

What are DCS policies regarding out-of-state travel with a child?

When traveling out-of-state a resource parent must:

1. Secure written authorization signed by the FSW and the supervisor
2. Request permission as far in advance (at least 7-10 days) as possible in order to allow for paperwork to be completed in a timely manner. Except in the event of emergencies.

What is the new policy regarding Outings and overnight stays?

- Definition: Outings and overnight stays will be defined as a child or resource parent initiated, in-state, outing of less than 48 hours, to a location well known to the resource parents, and that the resource parents can ensure appropriate supervision will be provided.
- This is not intended and must be in no way confused with visitation between a custodial child and their Family Service worker, birth parent, or as described in other policies.
- Resource parents are asked to use their best judgment regarding these situations. This is a parental decision and policy will defer to the resource parents' ability to properly and safely provide supervision for their children.
- Refer to new policy # 16.9 Outings and Overnight Stays.

Discipline

What are DCS policies regarding discipline of a foster child?

Discipline is a training process through which a child develops the self-control, self-reliance and orderly conduct necessary to assume responsibilities, make daily living decisions and live according to accepted levels of social behaviors. The goals of discipline for foster children are:

- To problem-solve appropriate ways of meeting personal needs i.e. expressing feelings, needing attention; enhance communication skills, etc...
- To feel good about relationships with other adults and peers.
- To have a positive self-concept.
- Teaching positive means of appropriate self-management skills to children.

In order to accomplish these goals the following guidelines should be followed:

- All discipline must be reasonable and responsibly related to the child's age, understanding, need and level of behavior. All discipline shall be limited to the least restrictive appropriate method and administered in an appropriate manner.
- Encouragement and praise of good behaviors are a must in disciplining a child. The child's acceptance of discipline and his/her ability to profit by it depends largely upon his/her feeling that he/she is liked, accepted and respected.
- Any discipline must be determined on an individual basis and be related to the undesirable behavior. Requiring children to accept the natural consequences of their actions and behaviors is an appropriate learning experience.

The following forms of punishment **MUST NOT BE USED**:

- Corporal punishment, such as slapping, spanking or hitting with any object.
- Excessive exercising (particularly of a military nature), running laps, doing repetitive sit-ups, etc
- Cruel and unusual punishment.
- Assignment of excessive or inappropriate work.
- Denial of meals, and daily needs.
- Verbal abuse, ridicule or humiliation.
- Permitting a child to punish another child.
- Chemical or mechanical restraints ex: use of psychotropic medications as a restraint.
- Denial of planned visits, telephone calls or email contacts with family or FSW.
- Threat of removal from home.
- Seclusion as a punishment.
- Any punishment that occurs more than 24 hours after the incident.

-

Life Story Books

What is the resource parent's responsibility towards keeping of a "Life Story Book"?

The department takes the position that resource parents should participate in keeping a "life story book" for the following reason and in the following manner:

- A "Life Story Book" is a valuable means of establishing "roots" for a child as they move through and out of foster care. It is particularly important for an older child preparing for independence.
- Resource parents are asked to participate in carrying out the "Life Story Book" with photographs and journal entries recording the highlights of the child's stay in their home, including souvenirs, keepsakes, family memorabilia, school/sport achievements, honors and awards, etc... Scrap booking, videotaping, photo albums, journaling can complete this requirement, be creative.

Removal of a Child from a Resource Home

When may a foster child be removed from a resource home and what may the resource parents expect?

The resource parents may expect a 10-day written notice of DCS intent to remove a foster child if the child has been in the foster home for 12 months or longer and under the following circumstances:

1. The child is being moved to an adoptive placement. The child's record must show that adoption has been discussed with the resource parents and other team members during a Child and Family Team meeting.
2. The child is being placed in a new level of care as per a Child and Family Team meeting.
3. The child is being placed with relatives.

The resource parents may appeal these placements. The FSW will assist you and provide guidance in how to initiate and carry out the appeal process.

The Appeal Process/Child being removed from Resource Home

1. Child and Family Team (CFT) decide that a child needs to be removed from a Contract or DCS Resource Home; DCS Family Services Worker (FSW) must file a Notice of Removal immediately with the Resource Parents. The appeal form must be given to the Resource Parent at the same time the Notice of Removal is given.
 - A copy of this document must be filed in the child's and resource home chart.
 - Provide the Appeal letter to the Resource Parent at time Notice of Removal is given to the Resource Parent. DCS worker should date the letter.

2. DCS must wait 10 business days before removing the child after filing the Notice of Removal; it is from this date that the Resource Parent has to file an appeal.
3. The Resource Parents can file an appeal if the child has been in their care for one year or more.
 - DCS staff must provide the Resource Parents with a #CS-0403 Appeal for Fair Hearing Form, which the Resource Parents will complete and either mail or fax to the address or number listed below. If the allotted time is past the appeal will not be heard.
 - If the Resource Parent DOES file an appeal than the removal of the child is put on hold, the child remains in the care of the Resource Parents.
4. Circumstances that DO NOT require an appeal are:
 - The child is returned to their parent(s) or legal guardian. Legal guardian as used in these terms shall not mean the Department of Children's Services.
 - Child removed from the Resource Parents due to a Court Order requiring such removal.
 - Or child is removed from the home due to the request of the resource parents.
5. DCS staff must complete an appeal summary as per policy 14.11 for the Administrative Procedures Division review.
6. The Administrative Procedures Division has 45 business days to receive, schedule, conduct hearings and produce an initial order. It is important that these appeals and the summary be faxed when received.
7. Contact Information:

*Lisa Myers, ASA3
1268 Foster Avenue, NIX 1
Nashville, TN 37243
FAX: 615-741-4518
Phone: # 615-741-1110*

A 10-day written notice of the department's intention to remove a foster child from the resource home is NOT required under these circumstances:

- The child is being returned to a parent or legal guardian.
- The court order required removal from the resource home.
- The resource parents request the removal of a child.
- In an emergency situation where harm or imminent danger exists.

Notice of removal should be given, however, as far in advance as possible.

Chapter Five

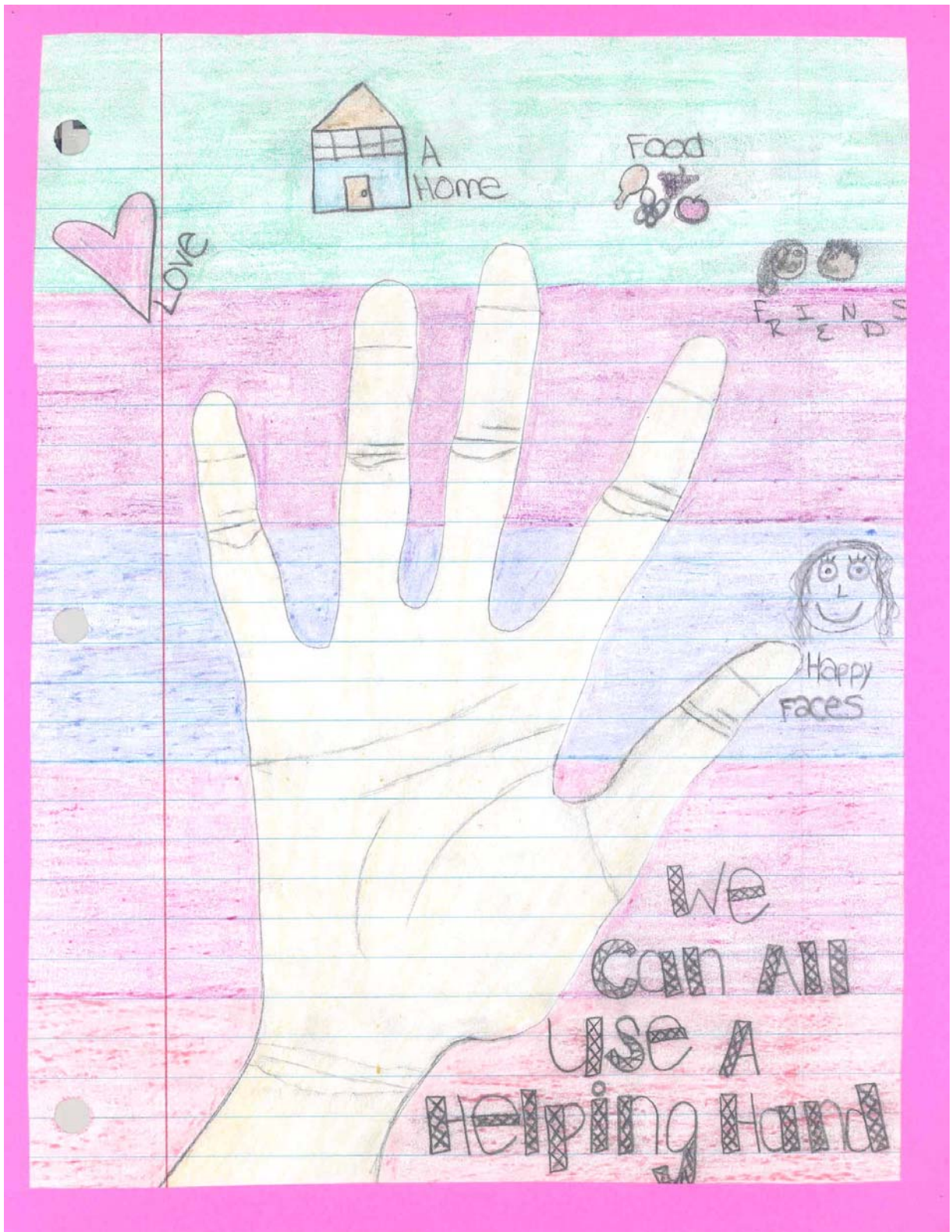
THE DECISION MAKING PROCESS

How decisions are made.

Information on the Adoption and Safe Families Act

The Child and Family Team Process

And the Role of the Resource Parents in this process



How Decisions Are Made

Who makes decisions about the child's stay in foster care?

All children placed in foster care or custody have several Child and Family Team meetings to discuss and review options for that child's stay in custody. Another source of input and review comes from the Court Review, which consists of:

PERMANENCY

PLAN:	Outlines the steps necessary to achieve permanency for the child; must be developed within 15 days of the date of custody; must be reviewed and updated at least annually; must be formally approved/ratified by the court within 60 days of the date of custody. The court must approve any significant revisions to the plan, if the goal is PPLA an annual review must continue to be met. The resource parents must receive a copy of the Permanency Plan, which includes the health and educational sections.
Periodic Review Progress Report	Determines the progress made toward accomplishment of the Permanency goal. The review is conducted by a Foster Care Review Board of citizens appointed by the court or by the Court itself at 90 days and every six months thereafter. DCS provides the court and the foster care review board a written report of the child and family progress towards reunification, including the date of the next review. Resource parents along with the Child and Family team should be notified of the Foster Care Review Board meetings and are encouraged to attend or provide written information for the review.
Permanency Planning Hearing	In addition to the court hearing held within the first 60 days of custody to approve the initial plan. A further court hearing occurs within 12 months of the initial placement and every 12 months thereafter until permanency is achieved or the child turns 18 years of age. This hearing is held before the juvenile court judge or referee or other court of competent jurisdiction. Child and Family team members including the resource parents should be notified of the permanency plan hearing and are encouraged to attend.
Appeals	Any decisions made during a Child and Family team meetings can be appealed by any member of the team. Please refer to the Appeal Process in the previous chapter.

Adoption and Safe Families Act

The Adoption and Safe Families Act of 1997, federal legislation which went into effect on November 19, 1997, requires states to consider termination of parental rights in certain situations, including but not limited to:

- For Children who have been in foster care for 15 of the last 22 months.
- When a court has determined a child to be an abandoned infant; and
- In cases where a parent has committed murder or voluntary manslaughter of another child of the parent or a felony assault that has resulted in serious bodily injury to the child or another child.

Exceptions can be made to these requirements if:

- The child is in the care of a relative;
- There is a compelling reason why filing is not in the best interest of the child.
- DCS did not provide the child's family services deemed necessary to return the child to a safe home.

The Child and Family Team Meeting Process

The child and family team meeting is a process that brings together family members, resource parents, interested people (such as friends, neighbors, and community members of the family) and formal resources such as child welfare, mental health, education and other agency representatives to:

- Learn what the family hopes to accomplish
- Set reasonable and meaningful goals
- Recognize and affirm family strengths
- Access family needs
- Find solutions to meet family needs
- Design individualized supports and services that match the family's needs and build on their strengths
- Achieve clarity about responsibility of assigned tasks
- Develop and achieve a workable case plan for each child and family.
- Achieve the ultimate outcome of safety, permanency and well being of the child and family.
-

Chapter Six

FINANCIAL AND INSURANCE TOPICS

Board rates and clothing allowances

"Extra" Expenses

Medical Expenses

Procedure for Medical Services Reimbursement

"Special" Clothing outlays

Allowance for the child

Reimbursement for damages

Appealing financial decisions

Liability insurance/lawsuits



Board Rates and Clothing Allowances

What are the established board rates and clothing allowances?

DCS Board Rates are tied to the USDA cost of raising a child in the urban south, and include housing, food, transportation, clothing, and miscellaneous. Please refer to DCS Policy 16.29 for the current board rates.

- Normal everyday children related activities and expenses are included in the monthly foster care board rates.

"Extra" Expenses

What is the department's view on "extra" expenses such as Christmas, birthdays, graduation, and other special expenses?

The departments' position on "extra" expenses includes:

Christmas	Voluntary donations to foster children are placed in a special fund which allocates money for special needs including Christmas. Foster Parent Associations also provide and purchase items for Christmas and other times during the year.
Birthday	DCS does not provide money for birthday gifts. The expectation is that the resource family will provide necessary birthday items. Many local Foster Parent Associations encourage membership in order to provide birthday gifts and monies for DCS children.
Graduation	Through the Chafee Independent Living Funds there are monies available for graduation and senior year expenses. Please refer to the Chafee Funding list and notify your Family Services worker for their assistance in accessing these funds. Some of the expenses that are covered include: <i>Graduation announcements, senior Trip, senior prom, senior yearbook, Senior Class Ring</i>
Other Special	Family Service Workers are required to respond promptly to requests for special items, services, or other assistance on behalf of the child. Before expenditure is incurred the resource parents should consider the urgency of the need and discuss it with the Family Service Worker. Out of pocket expenses are only reimbursable if pre approved by the Family Service Worker. Out of pocket expenses must be adequately documented and receipts must be included.

Medical Expenses

How medical expenses handled and what are reimbursable to the foster parents?

Most children in foster care have TennCare coverage. Some children have health coverage from their parents' private insurance. The resource parent should check with the Family Service Worker regarding the procedure on paperwork children not covered by TennCare.

Resource parents may want to remember the following **points regarding use of TennCare**:

- TennCare Cards for children are sent to the resource home. If you have not received the proper insurance card for the child in your care contact your Family Services Worker today.
- TennCare Cards should **always be taken** to the doctor, dentists, emergency room, hospital or other medical providers. These providers must run the cards at each visit, do not forget the card(s) for your child(ren).
- The Family Services Worker assigned to your child will help you identify the child's primary health care provider through the child's assigned TennCare MCO (Managed Care Organization).
- Use the child's TennCare number to secure prescription medications for that child.
- Non-TennCare eligible children and their medical needs must be discussed and reviewed with the regional DCS Unit Nurse.

"Special" Clothing Purchases

Is there a "special" clothing allotment? How much and under what conditions?

In unique or special circumstances, such as a sudden growth spurt by the child, a fire in the foster home, runaways who have returned and lost their clothing, children who have been in custody an unusually extended period of time may receive an extra or "special" clothing allotment as per approval of the FSW, Team Leader and/or Team Coordinator. Resource parents should discuss this request with the Family Services Worker, who will document the need for clothing in writing (memo) and submit to the supervisor for approval.

The amount depends on the age of the child, and can never exceed the amount of the initial clothing purchase, currently:

Age Range	Amount
0 through 2 years	\$125.00
3 through 4 years	\$170.00
5 through 12 years	\$200.00
13 years and over	\$250.00

Allowance for the Child

Are resource parents expected to give a foster child an allowance? If so, how much?

The regular board rate includes an amount for the child's allowance. This is considered a teaching opportunity for resource parents to provide each child with money management skills related to that child's specific age and maturity level. It is important for children to learn how to manage money and it is anticipated that children in foster care will have this experience. The amount of allowance will depend upon the child's age and particular needs. Allowances can be distributed daily, weekly or monthly at a minimum of \$1 per day.

Reimbursement for Damages

Are resource parents eligible for reimbursement of damages done to their property by foster children? What is the process?

Resource parents may be eligible for reimbursement of damages done by a foster child.

The process is as follows:

- Contact your Family Services Worker for assistance in filing a claim with the State of Division of Claims.
- The Family Services Worker will see the damages and will receive estimates of costs from the resource parent.
- The State Division of Claims Administration, Tennessee Claims Commission will process your claim for possible reimbursement.

Appealing Financial Decisions

My resource parents appeal decisions regarding financial matters? What is the process?

The process for appealing fiscal decisions is the same as for any other grievance. (refer to Chapter Three: The Foster Parent's Bill of Rights)

Liability Insurance and Lawsuits

Should resource parents secure liability insurance? Where and how?

A resource parent under contract with the Department of Children Services may wish to secure liability insurance. If the resource parent acts "outside the scope of their employment", or in violation of the Department's policies and procedures, or engages in criminal conduct, then he or she may be sued. If a resource parent is sued, the Family Services Worker should be notified in order to consult with the DCS legal division. All lawsuits have strict time limits in which to respond, so resource parents should notify their Family Services Worker immediately if they are sued. DCS legal counsel and the Attorney General's office do not provide any representation for alleged criminal acts, whether within the scope of employment or not.

Failure to comply with Department policies or rules relating to care of foster children or acts of gross negligence may place the resource parent at legal risk. With this in mind, resource parents must decide whether they feel the need to carry liability insurance coverage for any additional potential liability. Claims involving resource parents are heard by the Tennessee Claims Committee Administrative body or court, depending on the nature of the suit.

- Many Local Foster Parent Associations have information regarding Liability Insurance and community contacts.

Chapter 7

LEGAL ISSUES FOR THE RESOURCE PARENT

Allegations of Abuse

SIU & the Investigative Process

Considerations after the Investigation

Defensive Training

Lawsuits brought against the Resource Parents

Guardian Ad Litem

Education Issues

Confidentiality Issues



Allegations Of Abuse

What happens when a resource parent is accused of abuse?

The process is the same when a resource parent is accused of abuse as when any other adult is so accused. The primary focus is always the protection of the child. When an allegation of abuse is made the process is:

TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES OFFICE OF THE INSPECTOR GENERAL SPECIAL INVESTIGATIONS UNIT

Resource Parent Guide For Understanding The Investigave Process

Overview

A formalized Special Investigations Unit became operational in 2003 and changed the way the Department of Children's Services previously conducted child abuse investigations in foster homes. Prior to the formation of this specialized team, local child protective services workers assigned to the county or neighboring county offices conducted the investigations. The Special Investigations Unit is a division directly under the Office of Inspector General. The team members are central office employees, housed throughout the regions and directly supervised by a Director in the Nashville central office. Investigations that fall under SIU policy are no longer handled by regional or supervised by regional staff.

Special Investigations Unit Mission Statement

The Special Investigations Unit thoroughly investigates allegations of child abuse or neglect involving children placed in state custody, or children under the care of individuals through their employment or volunteer status. These investigations are conducted in a timely and impartial manner, placing the utmost importance on the safety and well being of the child. The Special Investigations Unit strives to protect children from harm while being family focused and culturally responsive to the children and families served.

Definition

Legal Mandate: TCA 37-5-106, 37-5-176, 37-1- 401 et seq., 37-1-601 et seq
Policy 1.31 Administrative Policies and Procedures: The Department of Children's Services Special Investigations Unit (SIU) shall conduct investigations of child abuse and neglect that occur while a child is in DCS custody and residing in a DCS or contract agency placement and allegations of child abuse or neglect involving non-custodial children such as children in licensed daycare facilities. Licensed childcare agencies, schools, religious organizations or youth groups. Non-custodial investigations do not include child on child sexual abuse. The SIU shall make every effort to insure

the child's attachment issues and the trauma of placement moves are addressed in the investigative process. SIU shall also conduct investigations into those allegations that would affect the alleged perpetrator's employment or volunteer status as it relates to working with children.

Investigative Process

Special Investigations Unit staff adhere to the same Child Protective Services policies that are outlined in Chapter 14 of the Department of Children's Services Policy Manual. All information gathered is strictly confidential and strong attention is paid to the privacy of the individuals involved. Resource parents who are either directly or indirectly involved in an SIU investigation should be aware of certain investigative procedures. Becoming familiar with the process will hopefully ease fears, resulting in better communication and a timely resolution. SIU investigators respond to all kinds of allegations and work with resource parents all over the state on a daily basis. Cooperation, understanding and communication are important aspects for both the investigators and resource parents. SIU investigators are highly skilled and respectful of the challenges faced by resource parents.

Referrals:

Referrals involving abuse or neglect are made to the DCS Central Intake hotline at 1-877-237-0004. The hotline staff screen calls concerning abuse or neglect for the entire state. The hotline counselors gather the information and a screening decision is made concerning the allegations and severity. If the referral meets criteria for assignment, the supervisor then decides the priority for response. Referrals are given a response time of P1 (immediate), P2 (within 48 hours) or P3 (5 working days).

Initial Notifications:

The SIU investigator is required to notify the following upon receipt of a referral regarding custodial children. Notifications are to be made the same day a referral is assigned or the next business day.

DCS Legal Staff

DCS case manager of the child

Regional Administrator (home county of child)

Regional Administrator (where alleged incident occurred)

Foster Parent Support Case Manager

Referent

Assessing Risk

Upon initial receipt of the referral, SIU investigators begin assessing risk to the child. If a child is currently in the presence of or is being cared for by the alleged perpetrator, it is necessary to take immediate action. This may include, but is not limited to: a safety plan/agreement (depending on the circumstances) immediate

response to where the child is, contact with law enforcement or requesting respite placement until the case can be investigated further.

Interview and Classification

It is the investigators responsibility to set up the interview with the child. The interview must be conducted in a neutral, non-threatening and private environment. Typically, investigations are conducted by trained forensic interviewers at Child Advocacy Centers.

A copy of all sex abuse and severe physical abuse referrals are sent to the District Attorney's office. These cases are worked with a team approach, referred to as CPIT (Child Protective Investigative Team) CPIT teams comprise law enforcement, SIU, District Attorney, medical staff and others as needed. The cases are worked together and the final classification is the result of a team approach.

If the alleged perpetrator is a foster parent, notification of the right to an Advocate must be made. If the foster parent does not know the name or have information concerning the Advocate, the Investigator must obtain the information and provide it to the foster parent. It is the responsibility of the foster parent to make contact with the Advocate.

Investigators will interview the alleged victim first and then all children in the home. Resource parents should be aware that this includes biological children as well.

Investigators will talk to all witnesses, before interviewing the perpetrator. The perpetrator interview will be conducted by law enforcement and/or the SIU investigator. After all information is gathered, a classification decision is made. Cases are either founded (indicated) or unfounded. If a case is indicated, the alleged perpetrator will receive a letter from the Department concerning the indication and appeal process.

Cases must be classified and closed within sixty days from the date the referral was received.

SIU Level I Due Process

SIU Emergency (formal) File Review: A due process proceeding required for all indicated classifications to individuals who currently volunteer and/or work directly with children. This includes approved resource or adoptive parents, employees, teachers and child care workers. Exception: This does not include if the indicated abuse happened when the custody child was on runaway status, trial home visit or on a home pass. SIU does not investigate those type of allegations, they are addressed by local CPS staff.

SIU Level II Due Process

Administrative Hearing: A due process proceeding offered to individuals who have been indicated by the Department. This proceeding is the final process that is offered by the Department and usually follows and emergency file review and is completed by an administrative law judge.

Frequent Questions Asked By Resource Parents during an Investigation:

Why is this taking so long and why haven't I heard from anyone?

Investigators make an initial assessment and try to gather as much information as possible. Typically, they are waiting on a response from law enforcement, the results of a medical exam or statements from witnesses. The investigation does not stop after the initial child interview. There are many factors that can delay the process. You may contact the investigator, SIU supervisor or foster parent advocate to voice concerns.

Investigators are under strict timeframes for completion (60 days) and cases usually take several weeks to complete.

How do I prepare for this?

As a resource parent, know there is a possibility that your child may be the subject of an SIU investigation. Be knowledgeable of DCS policies and keep accurate records. Stay informed and communicate concerns to appropriate DCS staff. Keep a current phone list for DCS staff, contract agencies and know how to contact your foster parent advocate. Document concerns and potential problems so that they may be addressed, hopefully before becoming a CPS investigation. Plan to attend foster parent events where SIU staff present presentations. This will give you an opportunity to meet the staff and have open dialogue about concerns.

What can I ask?

You can ask about the allegations, but the SIU investigator cannot reveal the identity of the referent. You can ask if you are the subject of an investigation. However, the investigator will decide at what point in the investigation certain information is shared. Cooperation is essential and strict confidentiality rules must be followed.

Will I know when this is over?

Yes, The case closure notification along with recommendations is sent from the SIU investigator to the Regional Administrator. The Regional Administrator then decides where to distribute the information.

Will my child be moved?

Frequently during an investigation, the SIU investigator will ask that a child be placed in respite until a determination is made. If the resource parent is named as the alleged perpetrator, the victim child and resource parent must be separated. This prevents any future allegations being made and protects both parties. The SIU investigator makes the decision to remove a child from the home and the local DCS staff assist with the process.

Will I be falsely accused?

There is a possibility that a child placed in your home may try to manipulate the placement or lash out by making a false allegation. Please know that SIU investigators understand that you have opened your home and hearts to a child. SIU investigators are highly trained and they are sensitive to these issues. They will determine as quickly as possible if there are concerns and make recommendations as needed.

Finally - Stay informed, Be Proactive, Partner with the Department and Ask Questions!!

KNOW HOW TO REACH YOUR ADVOCATE!!

Accusations Of Abuse: Defensive Training

DCS offers training for foster parents aimed at raising their awareness about sexual abuse issues and how they might be able to work better with victims of child sexual abuse. Check with your Family Services Worker regarding scheduling this training. SIU is also able to provide additional information and training to Local Foster Parent Associations and Advocates on "Understanding the SIU Process" and what the expectations are regarding an investigation.

Lawsuits Brought Against Resource Parents

If a resource parent is sued, the FSW should be notified immediately. The resource parent may be entitled to representation paid for by the state or for representation by the State Attorney General's office if the alleged negligent or criminal acts were within the scope of the resource parents "job". The resource parent must have been acting within the scope of their responsibilities and in compliance with DCS policy and the foster care placement contract to remain within liability.

As long as a resource parent provides proper care and supervision of the foster child, they are not legally responsible if the foster child should damage someone else's property. Homeowner's insurance may cover damage done by a foster child, if that is not the case then the resource parent may prefer to make arrangements with the person who suffered the damages.

Guardian Ad Litem

A person appointed by the court to protect the interests of a child in a legal proceeding.

Each child in foster care must by state law be appointed a lawyer, called a guardian ad litem (GAL), who has certain duties toward foster children who are committed to DCS legal custody as dependent and neglected children. Rule 40 is included here as a guideline so that resource parents will know what to expect in the required interaction between the GAL and any dependent/neglected child in their care. If resource parents have concerns about a GAL they should communicate their concerns with the FSW.

**Tennessee Supreme Court Rule 40: Guidelines For Guardians Ad Litem For Children In
Juvenile Court Neglect, Abuse And Dependency Proceedings**

(a) Application.

These Guidelines set forth the obligations of lawyers appointed to represent children as guardians ad litem only in juvenile court neglect, abuse and dependency proceedings pursuant to T.C.A. § 37-1-149, Rules 37 of the Tennessee Rules of Juvenile Procedure, and Supreme Court Rule 13. By adoption of these guidelines it is intended that they not be applied to proceedings in other courts that involve child custody or related issues.

(b) Definitions.

As used in this Rule, unless the context otherwise requires:

(1) "Guardian ad litem" is a lawyer appointed by the court to advocate for the best interests of a child and to ensure that the child's concerns and preferences are effectively advocated.

(2) "Child's best interests" refers to a determination of the most appropriate course of action based on objective consideration of the child's specific needs and preferences. In determining the best interest of the child the guardian ad litem should consider, in consultation with experts when appropriate, the following factors:

(i) the child's basic physical needs, such as safety, shelter, food, clothing, and medical care;

(ii) the child's emotional needs, such as nurturance, trust, affection, security, achievement, and encouragement;

(iii) the child's need for family affiliation;

(iv) the child's social needs;

(v) the child's educational needs;

(vi) the child's vulnerability and dependence upon others;

(vii) the physical, psychological, emotional, mental, and developmental effects of maltreatment upon the child;

(viii) degree of risk;

(ix) the child's need for stability of placement;

(x) the child's age and developmental level, including his or her sense of time;

(xi) the general preference of a child to live with known people, to continue normal activities, and to avoid moving;

(xii) whether relatives, friends, neighbors, or other people known to the child are appropriate and available as placement resources;

(xiii) the love, affection and emotional ties existing between the child and the potential or proposed or competing caregivers;

(xiv) the importance of continuity in the child's life;

(xv) the home, school and community record of the child;

(xvi) the preferences of the child;

(xvii) the willingness and ability of the proposed or potential caretakers to facilitate and encourage close and continuing relationships between the child and other persons in the

child's life with whom the child has or desires to have a positive relationship, including siblings; and

(xviii) in the case of visitation or custody disputes between parents, the list of factors set forth in 36-6-106.

(c) General Guidelines.

(1) The child is the client of the guardian ad litem. The guardian ad litem is appointed by the court to represent the child by advocating for the child's best interests and ensuring that the child's concerns and preferences are effectively advocated. The child, not the court, is the client of the guardian ad litem.

(2) Establishing and maintaining a relationship with the child is fundamental to representation. The guardian ad litem shall have contact with the child prior to court hearings and when apprised of emergencies or significant events affecting the child. The age and developmental level of the child dictate the type of contact by the guardian ad litem. The type of contact will range from observation of a very young or otherwise nonverbal child and the child's caretaker to a more typical client interview with an older child. For all but the very young or severely mentally disabled child, for whom direct consultation and explanation would not be effective, the guardian ad litem shall provide information and advice directly to the child in a developmentally appropriate manner.

(3) The obligation of the guardian ad litem to the child is a continuing one and does not cease until the guardian ad litem is formally relieved by court order. The guardian ad litem shall represent the child at preliminary, adjudicatory, dispositional and post-dispositional hearings, including the permanency plan staffings, court reviews, foster care review board hearings and permanency hearings. The guardian ad litem should maintain contact with the child and be available for consultation with the child between hearings and reviews. For a child who is very young or severely mentally disabled, the guardian ad litem should regularly monitor the child's situation through contacts with the child's caretakers and others working with the child and through periodic observations of the child.

(d) Responsibilities and duties of a lawyer guardian ad litem.

The responsibilities and duties of the guardian ad litem include, but are not limited to the following:

(1) Conducting an independent investigation of the facts that includes:

(i) Obtaining necessary authorization for release of information, including an appropriate discovery order;

(ii) Reviewing the court files of the child and siblings and obtaining copies of all pleadings relevant to the case;

(iii) Reviewing and obtaining copies of Department of Children's Services' records;

(iv) Reviewing and obtaining copies of the child's psychiatric, psychological, substance abuse, medical, school and other records relevant to the case;

(v) Contacting the lawyers for other parties for background information and for

permission to interview the parties;

(vi) Interviewing the parent(s) and legal guardian(s) of the child with permission of their lawyer(s) or conducting formal discovery to obtain information from parents and legal guardians if permission to interview is denied;

(vii) Reviewing records of parent(s) or legal guardian(s), including, when relevant to the case, psychiatric, psychological, substance abuse, medical, criminal, and law enforcement records;

(viii) Interviewing individuals involved with the child, including school personnel, caseworkers, foster parents or other caretakers, neighbors, relatives, coaches, clergy, mental health professionals, physicians and other potential witnesses;

(ix) Reviewing relevant photographs, video or audio tapes and other evidence; and

(x) Engaging and consulting with professionals and others with relevant special expertise.

(2) Explaining to the child, in a developmentally appropriate manner:

(i) the subject matter of litigation;

(ii) the child's rights;

(iii) the court process;

(iv) the guardian ad litem's role and responsibilities;

(v) what to expect before, during and after each hearing or review;

(vi) the substance and significance of any orders entered by the court and actions taken by a review board or at a staffing.

(3) Consulting with the child prior to court hearings and when apprised of emergencies or significant events affecting the child. If the child is very young or otherwise nonverbal, or is severely mentally disabled, the guardian ad litem should at a minimum observe the child with the caretaker.

(4) Assessing the needs of the child and the available resources within the family and community to meet the child's needs.

(5) Considering resources available through programs and processes, including special education, health care and health insurance, and victims' compensation.

(6) Ensuring that if the child is to testify, the child is prepared and the manner and circumstances of the child's testimony are designed to minimize any harm that might be caused by testifying.

(7) Advocating the position that serves the best interest of the child by:

(i) Petitioning the court for relief on behalf of the child and filing and responding to appropriate motions and pleadings;

(ii) Participating in depositions, discovery and pretrial conferences;

(iii) Participating in settlement negotiations to seek expeditious resolution of the case, keeping in mind the effect of continuances and delays on the child;

(iv) Making opening statements and closing arguments;

(v) Calling, examining and cross-examining witnesses, offering exhibits and introducing

independent evidence in any proceeding;

(vi) Filing briefs and legal memoranda;

(vii) Preparing and submitting proposed findings of facts and conclusions of law;

(viii) Ensuring that written orders are promptly entered that accurately reflect the findings of the court;

(ix) Monitoring compliance with the orders of the court and filing motions and other pleadings and taking other actions to ensure services are being provided;

(x) Attending all staffings, reviews and hearings, including permanency plan staffings, foster care review board hearings, judicial reviews and the permanency hearing;

(xi) Attending treatment, school and placement meetings regarding the child as deemed necessary.

(8) Ensuring that the services and responsibilities listed in the permanency plan are in the child's best interests.

(9) Ensuring that particular attention is paid to maintaining and maximizing appropriate, non- detrimental contacts with family members and friends.

(10) Providing representation with respect to appellate review including:

(i) discussing appellate remedies with the child if the order does not serve the best interest of the child, or if the child objects to the courts order;

(ii) filing an appeal when appropriate; and

(iii) representing the child on appeal, whether that appeal is filed by or on behalf of the child or filed by another party.

(e) Responsibilities and duties of a guardian ad litem when the child's best interests and the child's preferences are in conflict.

(1) If the child asks the guardian ad litem to advocate a position that the guardian ad litem believes is not in the child's best interest, the guardian ad litem shall:

(i) Fully investigate all of the circumstances relevant to the child's position, marshal every reasonable argument that could be made in favor of the child's position, and identify all the factual support for the child's position;

(ii) Discuss fully with the child and make sure that the child understands the different options or positions that might be available, including the potential benefits of each option or position, the potential risks of each option or position, and the likelihood of prevailing on each option or position.

(2) If, after fully investigating and advising the child, the guardian ad litem is still in a position in which the child is urging the guardian ad litem to take a position that the guardian ad litem believes is contrary to the child's best interest, the guardian ad litem shall pursue one of the following options:

(i) Request that the court appoint another lawyer to serve as guardian ad litem, and then advocate for the child's position while the other lawyer advocates for the child's best interest.

(ii) Request that the court appoint another lawyer to represent the child in advocating the child's position, and then advocate the position that the guardian ad litem believes serves the best interests of the child.

(3) If, under the circumstance set forth in sub-section (b), the guardian ad litem is of the opinion that he or she must advocate a position contrary to the child's wishes and the court has refused to provide a separate lawyer for the child to help the child advocate for the child's own wishes, the guardian ad litem should:

(i) subpoena any witnesses and ensure the production of documents and other evidence that might tend to support the child's position;

(ii) advise the court at the hearing of the wishes of the child and of the witnesses subpoenaed and other evidence available for the court to consider in support of the child's position.

(f) Guardian ad litem to function as lawyer, not as a witness or special master.

(1) A guardian ad litem may not be a witness or testify in any proceeding in which he or she serves as guardian ad litem, except in those extraordinary circumstances specified by Supreme Court Rule 8, § EC 5-9, 5-10 and DR 5-101.

(2) A guardian ad litem is not a special master, and should not submit a "report and recommendations" to the court.

(3) The guardian ad litem must present the results of his or her investigation and the conclusion regarding the child's best interest in the same manner as any other lawyer presents his or her case on behalf of a client: by calling, examining and cross examining witnesses, submitting and responding to other evidence in conformance with the rules of evidence, and making oral and written arguments based on the evidence that has been or is expected to be presented.

Education Issues

Every region has an "education specialist" a.k.a. an "education consultant", whose sole function is to assist all DCS custody children in education issues. When any education question or situation comes up the resource parent should contact the Family Services Worker (FSW). There should always be an **"Education Passport"** (refer to policy 21.14) provided for every DCS legal custody child by the FSW. This contains education/school/disciplinary records of the child. If a resource parent does not receive this packet, it should be requested from the FSW. If a child is having disciplinary troubles at school, the FSW should be contacted immediately. (See policy 21.16)

- School trip authorizations and similar permissions are addressed in policy 16.9 Outings and Overnight Stays, which reviews safe and appropriate parental decision making on an individual basis.
- For children in special education, school systems must recognize and /or appoint an acting or surrogate parent. Resource parents are encouraged to fill this function if otherwise qualified under state law.

Confidentiality Guidelines

- What can I tell a physician? A physician would want to know everything about a child in their care. HIPPA allows for all information to be shared with a physician.
- What can I tell the school?

Private facts about the child's biological family or situation should not be provided to any school official without approval from the FSW or Education Specialist.

1. It is necessary for the child to be safe ie: such as a retraining order against a parent.
2. It is necessary for protection of other children.
3. It is part of the Education Passport (refer to section above on Educational issues).

Permanency Plans, psychological of any kind, and court documents are especially private. No documents regarding the child should be provided to a school by a resource parent unless attached by the FSW to an Education Passport (policy 21.14)

Medical Information allowed to be shared with schools is limited only to what is necessary to keep the child and others at school safe. If you have any questions regarding sharing of pertinent information please contact the DCS Medical Unit Nurse or any DCS legal counsel.

Chapter 8

Types of Resource Homes

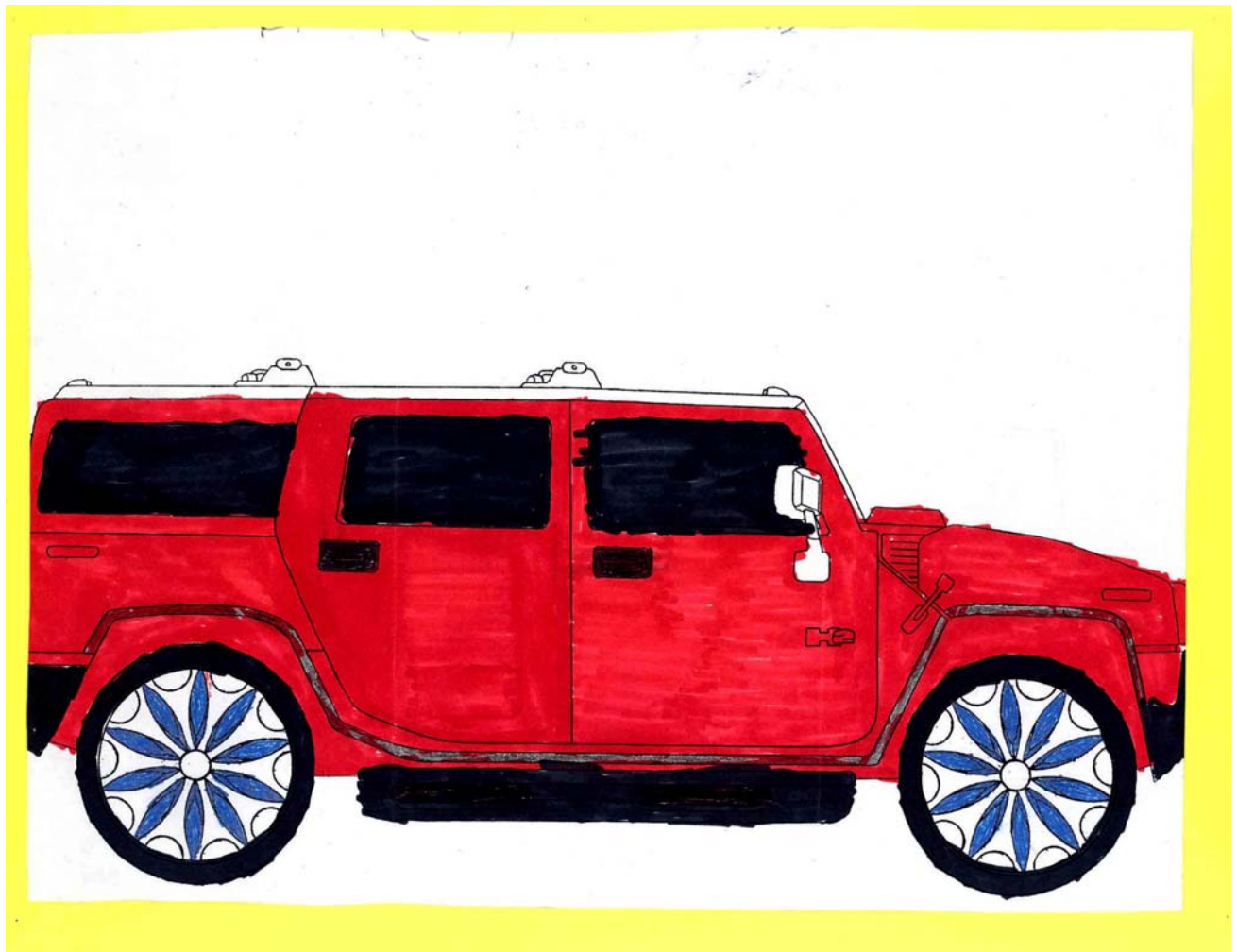
Special Needs Homes

Kinship Homes

Group Homes

Expedited Homes

Shared Homes



Special Needs Homes

Special Needs Homes are resource homes that care for children with special needs such as: emotional, physical or mental handicaps. At times these resource homes work only with the medically fragile child, the resource parents undergo specialized training in order to work with the child. A Child and Family Team meeting and the regional psychologist determine the level of care needed and recommendations are made regarding an appropriate board rate for that child. Under normal circumstances DCS resource homes provide services and care to Level 1 and at times Level 2 children. All other levels of care are provided by trained contract agency resource homes.

Kinship Homes

Kinship resource homes are defined as a personal family residence approved by the Department of Children's Services to be used for the placement of their relative children in the custody of DCS. These families must have a significant relationship with the children and knowledge of the child's needs.

Kinship resource providers must complete the basic application process required by all resource parents i.e.: Application, medical, release of information, financial, W-9, copies of birth certificates, marriage certificate, proof of income. Criminal background checks and fingerprinting is required. The home must be deemed safe, smoke detectors and fire extinguishers and landline telephones are also required.

- In some cases local telephone companies provide landline telephones with access to 911 only free of charge. Please check with your local phone company.

Kinship resource parents are required to complete PATH training and the application process in order to receive a Resource Home rate.

Group Homes

Group homes may care for larger numbers of children and usually focus on a particular population requiring special training and treatment such as alcohol/drug treatment programs, independent living programs, etc... Staffing for these programs is 24 hours; educational programming and medical care are provided in most cases.

Expedited Homes

When an expedited placement is in the best interest of the child/youth, the identified person or family must meet the minimum criteria outlined in Policy 16.2 and have all legal options explained to them. DCS staff must assist this person or family in completing the approval process required of all perspective resource parents in Tennessee. This person or family must be fully approved as a resource parent in Tennessee within 120 days of the child being placed in the home. Payment for Expedited homes occurs only after completion of the approval process, in other words from approval date forward.

Shared Homes

DCS believes that having stable placements is a critical element to help reduce the impact trauma children experience when they must be separated from their families. In

cases where their presenting level of needs decrease over time, it is not best practice that they automatically change placements. It is also very important to keep siblings together whenever possible. Sharing homes may be a way to preserve sibling connections when children in siblings groups have varying levels of individual needs and is a way to provide more continuity of care to children.

DCS and Private Provider Agencies may agree to share resource homes. Specific agreements must be documented in writing and signed by the DCS Regional Administrator/Designee and the Director of the Private Agency.

Chapter 9

Special Situations/Considerations

Number of children per Resource Home

Resource Parents working outside the home

Caring for others in the Resource Home

Planning social/religious activities for the Foster Child

Seat Belt Law

Permission Forms

Runaway foster children

Child Care arrangements

Extended care for Youth over age 18



Number of Children per Resource Home

How many foster children may any one resource home care for and how are these decisions made?

In determining the number and ages of children to be cared for in any resource home, the following factors are considered:

- | | |
|---|---|
| <ul style="list-style-type: none"> • ABILITY OF RESOURCE PARENTS | The stamina, capacities and skills of the resource Parents |
| <ul style="list-style-type: none"> • SPACE | Physical accommodations of the home |
| <ul style="list-style-type: none"> • STABILITY OF THE FAMILY | Effect upon the equilibrium of the family as a unit |
| <ul style="list-style-type: none"> • ABILITY TO DEAL WITH BIRTH FAMILIES | Capacity of the resource family to deal with more than one birth family at a time if children are from multiple families. The resource family should have the ability to work with and assist birth families towards the goal of reunification. |

LIMITATIONS

These limitations are requirements due to the Brian A settlement, DCS needs and requires that resource parents assist in maintaining these limits within their homes.

- No more than three foster children
- No more than 2 infants (18 months or under) including the birth children and adopted children.
- No more than 6 children, including the resource parents' birth and adopted children.
- No more than 2 children in a Medically Fragile Resource Home.
- Respite care for DCS children is a temporary situation and must be discussed with the FSW and PSD. Placing children for respite constitutes consideration given to number of beds available and provision of proper supervision.
- A waiver for any changes to the above limitations must be placed in the child's case file and notation must be made in the resource home file.

Resource Parents Working Outside the Home

What are the guidelines for Resource Parents working outside the home?

- Resource families are encouraged to be employed outside of their home this shows an ability to meet financial needs of the family and also provides the older foster child with an understanding of adult responsibilities.
- The resource family must provide safe and nurturing day care services to children in their care. Use of the Broker Day Care system is advised. Please contact your Family Services worker for assistance with Broker Day Care.
- Care for the children in the event of emergencies is also the responsibility of the resource parents.

Caring for others in the Resource Home

What are the limitations on Resource Parents caring for other than DCS foster children within their home? This may include other children and adults needing supervision.

- Resource parents should use good judgment when taking on additional responsibilities to ensure that all those in their care are safe and supervised.

Limitations placed on the resource home in caring for others or baby-sitting dictate that resource families may not:

- Accept children or adults from other agencies unless approval is obtained from the Department.

Planning Social & Religious Activities for the Foster Child

What are the guidelines for planning social activities for the foster child?

It is recommended that the Child and Family Team discuss any specific social or religious needs of the child. The Department does have policies related to specific activities.

ALCOHOL It is a misdemeanor to buy or furnish alcohol to any minor.

TOBACCO PRODUCTS It is illegal to give sell or purchase any tobacco materials for a minor.

DATING This is a resource parent decision, a child's social skills, maturity level and ability to be responsible will likely influence a resource parent's decision regarding dating and interaction with peers.

SEX It is expected that resource parents will provide protection to the foster child in order to prevent unwanted sex to the best of their ability. The law states that sex with a child under 13 is aggravated rape or rape of a child; sexual penetration of a child when the victim is 13 and the offender is at least 4 years older is statutory rape.

OVER-NIGHT VISITS Foster children may be allowed to spend a night or weekend with a friend if the resource parent feels comfortable doing so. Any visit longer than a weekend must be discussed and reviewed within the Child and Family Team meeting. Refer to policy 16.9 Outings and Overnight Stays.

RELIGIOUS ACTIVITIES Although resource families may include their foster children in church attendance, flexibility and consideration toward the beliefs of the child and their family is required. The birth parents may come from a different religious persuasion and have strong feelings about that part of their child's life. Any choice made by or commitment on the part

of the child should be discussed within the framework of the Child and Family Team meetings.

Tennessee Child Passenger Safety Law

- All seats must meet Federal Motor Vehicle Safety Standards and be used according to child safety restraint system and vehicle manufacturer's instructions.
- Any child who has special needs and cannot be safely transported in a conventional child restraint requires a doctor's prescription for a specially modified seat. This documentation must be carried with the caretaker at all times.
- Never place an infant in front of an airbag.
- Booster seats require both lap and shoulder belts.

Child's Age/ Weight/Height	Type of Seat	Location of Seat
0-1 year/ 20 lbs or less	Rear facing	Rear seat if available
1-3 years/greater than 20 lbs	Forward facing	Rear seat if available
4-8 years/less than 5' tall	Belt Positioning/ Booster Seat	Rear seat if available
9-12 years/ greater than 5' tall	Seat Belt System	Rear seat recommended
13-17 years	Seat Belt System	

Permission Forms

Are resource parents allowed to sign permission forms?

- Permission Forms and releases should be discussed within the framework of the Child and Family Team meeting.
- Biological parents, resource parents and DCS staff should communicate ongoing interests of the child that may require written permission.
- Simple every day decisions such as school trips, school lunch forms, club permission slips can be handled by the resource parent with consideration given to the input of the biological parents
- All major decision such as: surgeries, oral surgeries, counseling, behavioral health services must be reviewed and discussed within the Child and Family Team Meeting with the DCS Health Unit Nurse in attendance and/or informed of the medical need.
-

Runaway Foster Child

What should resource parents do if a foster child runs away from their home?

1. Resource parents should contact the Family Service Worker (FSW) immediately.
2. Resource parents along with the FSW should have completed a Child Information Sheet with detailed information and a picture of the child that can be presented to

3. local, state or other law enforcement agencies. If you have not completed a Child Information Sheet on your child please contact your FSW.
4. Resource parents should call the local, state or other law enforcement in their area to report the child's runaway status.
- 5.

Child Care Arrangements

What are the guidelines for child care arrangements for foster children?

Parents are cautioned that the following are "general" guidelines. Child care guidelines for resource parents need to be established on an individual basis for each child and with the approval of the Family Service Worker. Consideration must be given to the physical, emotional, and mental maturity of the child as well as the circumstances under which they are expected to supervise younger siblings. **General Guidelines are as follows:**

- ❖ Children birth through age 9 are not to be left unsupervised.
- ❖ Children 10-12 may be left unsupervised for a maximum of 2 hours.
- ❖ Children 13-14 may supervise younger children for a maximum of 4 hours.
- ❖ Foster children under 18 are not to be left unattended overnight.
- ❖ Beware that a state law effective July 1, 2006 makes it a crime to leave a child 6 and under alone or with another child under the age of 13.

While state law and Child Protective Services Policy do not refer to a particular age for children to be left unsupervised, as a "rule of thumb", the age, number of children, and length of time should be based on the following for supervising child as well as the child (ren) being supervised:

- ❖ Supervising Child:
 - Child has clear expectations and guidelines of what to do
 - Level of maturity and capability of following through with expectations
 - Whether the child has a disability and his/her ability to provide for needs related to the disability
 - Child able to adequately supervise younger children
 - Child (ren) are in a safe environment
 - Child has immediate access to a responsive adult by telephone or in person
 - Child knows what to do in an emergency situation
 - Child has contact numbers readily available
 - Length of time should be based on time of day (day/night)
- Children Being Supervised:
 - Are responsive to supervision
 - Extent of care required for child (ren) due to age and/or disability



Chapter 10

In Service Training for Resource Parents

In Service Training Requirements

Available Courses

Resource Parents Input Into Training



I Think A Foster Home is a place Where Love and Caring
Are Shared With everyone.

In Service Training Requirements for Resource Parents

What the requirements regarding training for Resource Parents?

The Department of Children's Services requires 15 hours of in-service training each year for resource parents. There is a required sequence of in-service training for the first year of service, which includes cultural diversity education, sexual abuse, working with birth parents, and discipline. After the first year of service many additional educational choices are provided for the resource parents to choose from. Resource parents can not remain approved without annual in-service training.

Available Courses

What training is available to resource parents and how are they informed of these events? Each county is required to update its Consortium resource parent mailing list once a year or as changes occur. This is for the purpose of assuring that all resource parents are notified, by mail, of upcoming Consortium training events. Additionally FSW's are asked to personally notify their resource parents of these events and to encourage their attendance. Some of the training options are:

- **CONFERENCES** A one-day conference in each region each year offering a variety of workshops selected by the regional training task force.
- **TFACA ANNUAL CONFERENCE** TFACA, the Consortium and DCS will hold an annual conference. This weekend event is a collaboration of of the above members who plan, advise and arrange special trainings that will enhance resource parent and staff abilities to nurture and develop children & youth.
- **SPECIAL WORKSHOPS** Special workshops on specific topics are offered through local foster care associations and DCS in conjunction with their regular meetings. Process for receiving credits for these trainings are as follows:
 1. Complete Resource Parent training Form
 2. Sign in sheets
 3. Receive a certificate from completed course. Keep one copy for your records/one to the Resource Parent support Liaison in your county.
- **ONE DAY WORKSHOPS** Offered on critical issues such as sex abuse, Discipline, medical issues etc. upon request. The Consortium will make arrangements and assist with these trainings.
- **INDEPENDENT LIVING** Through the State of TN Independent Living Specialist a special program to prepare adolescents for independence will be provided. This program offers:

1. A 2-3 day training program for resource parents and staff who are working with adolescents to prepare them for life on their own.
 2. A computer-based assessment of the adolescents' needs and training suggestions for meeting these needs.
- **OTHER TRAINING**

Other training options include special events offered by school systems, mental health facilities, and other public service resources. Journals, magazine articles, videotapes, and books may be used for individual study. Foster Parent support staff may suggest and help provide these resources.

Resource Parent Input Into Training

How may a resource parent make their wishes and concerns known regarding training?

- Resource parents are invited to participate and serve on the local foster care associations and state Tennessee Foster Adoption Care Association, Inc. (TFACA)
- Resource parents are encouraged to contact their Family Services worker regarding any training needs.

CHAPTER 11

FOSTER CARE ASSOCIATIONS & STATE TFACA

PURPOSE

DCS SUPPORT

BENEFITS TO RESOURCE PARENTS



Purpose

What purposes are served by local and state foster care associations?

Local and State associations serve to:

- Advocate for the rights of foster children.
- Advocate for permanency for children
- Advocate for education and training of resource parents.
- Assist in recruitment and training of new resource parents.
- Provide information on resource parent issues and services.
- Advocate for improvement in the quality of resource care services.
- Provide socialization & recreation opportunities for resource parents and their families.

DCS Support

How does DCS encourage and support foster care associations?

The Department was instrumental in organizing the first foster care associations and believes strongly in their positive capacities. DCS and the Associations have a collaborative team approach with both working towards the common goal of safe, secure and nurturing homes for Tennessee children. This support is demonstrated by:

COMMUNICATION Encouraging Family Service Workers to communicate their confidence in the local and state associations to new and existing resource parents and to inform them of special events and trainings sponsored by local and state associations.

PARTICIPATE Family Service Workers are encouraged to attend meetings and to be an active participant in the associations. The relationship between the associations and DCS staff will benefit from ongoing support and mutual team work.

LIAISON The associations are assigned a staff liaison by the DCS Regional Administrator to act as a conduit between the Resource Parents and DCS.

The Benefits Of Being A Member Of The Tennessee Foster Adoptive Care Association

There are many advantages of being a part of TFACA

- ◆ To provide a support team and a united voice with the State of Tennessee and National Foster Parent Association regarding legislation and policies affecting resource parents.
- ◆ To establish a non-profit organization, this allows numerous tax incentives.
- ◆ To have the help and support of the Foster Parent Advocacy Program addressing questions and problems concerning allegations and offering information, support, and direction.
- ◆ To be able to help with the retention and recruitment of foster parents through the Advocacy program.
- ◆ To be able to participate and to have a voice and keep current the latest information and developments pertaining to the foster care program in Tennessee.
- ◆ Communication and fellowship of dedicated foster parents across the state that can provide a pool of friends for respite care.
- ◆ Eligibility for the scholarship program awarded each year at the State Conference. Recipients are selected from applications turned in to the Awards Committee. Potential applicants may be foster, adoptive or biological children of foster parents belonging to TFACA.
- ◆ TFACA is your voice in creating DCS policies to include legislative changes, board rate increase etc.
- ◆ To be able to participate in the University of Memphis training program which helps to provide ongoing training designed to meet the needs of foster parents across the state which insures compliance with DCS policies.
- ◆ To be able to share the accessibility to DCS office leaders as a DCS representative is present at each state meeting bringing updated news and any changes occurring.
- ◆ To be able to participate in shopping at the Second Harvest Food Bank.
Note: Please review rules of the Food Bank
- ◆ To have the opportunity to enjoy a weekend of quality training and fellowship at the annual TFACA conference.

CHAPTER 12

FOSTERING ADOLESCENTS

Independent Living and Post Custody Services

Preparing for Independence

Youth & Employment

Driver's License

Marriage of a minor

Child Labor laws



Independent Living And Post Custody Services For Children Between The Ages Of 14-23

DCS shall provide a continuum of developmentally appropriate Independent Living Services for youth/young adults. Eligible Youth must receive a full array of services in order to prepare them for independent living. Some of those services include:

- Use of Chaffee Independent Living Funds
- Assisting youth in obtaining a high school diploma.
- Assisting youth in career exploration, vocational training, job placement and retention.
- Providing Training in daily living skills, budgeting, fiscal management skills.

*And many other services please refer to Policy 16.52: Independent Living Services Available to Youth/Young Adults 14-21 Years of Age.

DEC will provide post custody services to young adults exiting custody at 18 or 19 years of age and requesting to receive voluntary services from the department. Post custody services can include:

- Foster care room and board
- Case management services
- Financial support for education or job training
- DCS may provide services to young adults requesting re-entry for voluntary services.
- Post custody services are provided up to age 21 and may be extended with special approval from the Director of Independent Living or designee.
- Please refer to Policy 16.51: Provision of Post Custody Services to Young Adults Exiting Care at 18 or 19 years of age.

When may a foster child continue receiving services beyond the age of 18?

A foster child may continue receiving support services to promote educational services after successful completion of high school or GED.

- Post custodial services begin at age 18 up to the age of 21 as long as a child is actively involved in a full time post secondary educational program or vocational/technical school.
- Post secondary assistance is available to assist young adults in paying for part of their tuition, housing, books and supplies.
- An Independent Living Specialist will be assigned to the youth as early as possible in the youth's teenage years to assist them through this process.

*Please refer to Policy 16.53: Bright Futures Program Education and Training Voucher

There are a number of developmentally appropriate services to prepare young adults for independent living. These services are directly connected to the Chafee Foster Care Independent Living Services.

- Youth and young adults must be 14 years of age and older to receive services.
- DCS staff is responsible for identifying the needed services.
- DCS staff will access the Independent Living Funds through the proper process in their regions/county.
- Several wraparound funds are available such as: SAT/ACT testing fee's, tutoring services, senior expenses, graduation/GED incentives, Positive Start Grants etc...

*Please refer to Policy 16.54: Purchasing Independent Living Services

Youth exiting custody at 18 or 19 years of age and not electing to receive voluntary services under post custody intake shall have access for services up to 23 years of age if making satisfactory progress in school, a training program and/or employment, targeted particularly at youth who may become homeless. Services are not limited to housing but include other areas related to successful transition to adulthood. Some services available are:

1. Case management
2. Crisis Intervention
3. Information and referral services
4. Educational planning
5. Employability assistance
6. GED Preparation
7. Housing and Utility assistance
8. Life Skills instruction

*Please refer to Policy 16.55: Transitional Living Services

In an effort to assist eligible youth to have a successful transition into adulthood, DCS will Establish a direct -pay process to provide a living allowance to young adults who are eligible For Federal Title IV-E Chafee/ETV Funding. This is designed to provide the opportunity For a successful transition into adulthood and self-sufficiency through a direct pay living allowance to young adults.

*Please refer to Policy 16.57: Independent Living Direct Payment Allowance.

Every DCS youth in out-of-home care, age sixteen and older shall have an Independent Living Case Plan included as part of the Permanency Plan with the Regional Independent Living Specialist and the child's case manager.

*Procedures regarding this Policy are stated In the Policy 16.58 Independent Living Case

Preparing For Independence

Resource parents play a central role in helping adolescents to prepare for life after foster care. The youth's preparation for independence works best in the natural context of a family. Resource parents have the most knowledge and contact with the young person in their home. They are expected to guide youth and teach them skills for living on their own. Resource parents observe whether or not a young person has mastered a life skill in a certain area; they also have to deal with the difficult behaviors that occur in adolescence, as well as those that result from the adolescent's experience in foster care. Clearly, resource parents are an integral part of the service team and are to be encouraged to work as partners with the Department to prepare adolescents for independent living.

What provisions does DCS make for preparing adolescents for independence?

An Independent Living Plan, which is documented in the Permanency Plan, must be developed for all youth 16-21. The plan will include:

- ❖ **Living arrangements:** Best living arrangements that meet the youth's needs and are conducive to learning independent living skills.
- ❖ **Training in Living Skills:** These skills are provided by the resource parent, the family services worker, and the Independent Living Specialist.
- ❖ **Skill Areas:** Educational options, Sex Education, Job Skills Training, Basic housekeeping and domestic skills, grocery shopping, obtaining proper health care, managing money and budgeting skills, using public transportation, communication skills, telephone skills, proper decision making and problem solving skills, learning how to establish supportive healthy connections with others, coping with being on their own and developing healthy self esteem and good solid relationships.
- ❖ **Special Services:** Treatment and support services where appropriate; consideration of any impairment and appropriate referral to Vocational Rehabilitation as needed. This also includes: referral for tutoring, GED enhancement, and job corp.

Role Of The Resource Parent In Preparing A Youth For Independence

The role of the resource parent is to:

- Support
- Encourage
- Teach
- Complete Life Story book
- And provide training

Resource parents are a youth's link to their future, the child will depend on you for direction, encouragement and nurturing.

Youth & Employment

Foster youth are allowed to work while in school or during summers as long as their grades are acceptable and the employment remains within the guidelines of the state/federal Child Labor Laws.

- As a condition of remaining in foster care past their 18th birthday, a youth must be employed at least part time.
- Resource parents **may not** sign waivers permitting youth to work in excess of state and federal Child Labor Laws.
- Please refer to the Child Labor Laws chart from the State of Tennessee and the U.S. Department of Labor for specifics on age and hours of work allowed.

○

Drivers License

Can teenage foster children get a driver's license? Who signs?

Department of Children's Services staff **may not** sign consent for a foster child to secure a driver's license. A resource parent may, but is personally accepting financial responsibility. Should a resource parent decide they want to allow the child this opportunity they should adhere to the following guidelines.

- ❖ If parents are available, they should be consulted.
- ❖ Insurance coverage must be provided by the resource parents, the child or the birth parents.
- ❖ The department must verify that the child is properly insured.
- ❖ If the child leaves the resource home, the resource parent should notify the Department of Safety of this fact and of their intent to discontinue financial responsibility.

Marriage Of A Minor

What is the policy regarding marriage of a minor foster child?

A child under 16 years of age is prohibited by Tennessee law to marry without a waiver from an appropriate court.

A child between the ages of 16 and 18 years of age cannot marry without the consent of the parents, guardian, next of kin, or party having custody of the child.

Refer to Tennessee Code Annotated, 36-3-105, 106 and 107.

New terms, Acronyms and Definitions

F.S.W. or Family Services Worker: This is the person you presently know as your child's case manager or your case manager.

Resource Parent/ Resource Home: This is you and your family. This is another name for foster parents/ foster homes.

C.F.T.M./Child and Family Team Meeting: This is the meeting held in conjunction with the biological family, their supports, the resource parents, DCS and the child if age appropriate. This teaming is where all focus is on what is in the "best interest" of the child and how do we as a team make decisions that will enhance this child's life.

SIU/ Special Investigations Unit: This is a formal unit assigned to investigate child abuse allegations within Resource Homes.

DCS Health Advocacy Unit Nurse: This is the nurse who is available to assist Resource Parents & FSW's with any questions regarding the medical and dental care of the foster child.

PSD/Placement Services Division: This is what is presently known as the Foster Parent Support Unit combined with the Resource Unit; these two units will become one in the future and will assist in placement of children in both DCS approved homes and contract agency settings.